

Application for the Post of Team Leader - Card Centre

Personal Information						For Office use only
Full Name						
Name with Initial						
Date of Birth	DD	MM	YYYY	Photo		
Age (as at the closing date of application)	Years & Months					
Gender						
NIC No						
Mobile No (1)						
Mobile No (2)						
Personal E-mail						
Permanent Address						
Education Qualification					If available, Please tick the appropriate box below	
Passed a minimum of six (06) subjects at the G.C.E. Ordinary Level examination.					YES	NO
Work Experience					If available, Please tick the appropriate box below	
Minimum of three (03) years' experience in target-driven sales or marketing activities					YES	NO
Other Attributes					If available, Please tick the appropriate box below	
Possessing a valid motorcycle Riding license will be an added advantage.					YES	NO
Non-Related Reference Details						
Name						
Designation						
Organization						
Mobile						
E-mail						
Declaration						
I hereby confirm that the above-provided information is true, accurate, and complete to the best of my knowledge and belief.						
Signature			Date	DD	MM	YYYY