

Employees Trust Fund Board

Application Form

(For Internal candidates only)

Application for the **post of**

Please mention below, whether you apply under qualifications relate to **external candidate** or **internal candidate?**

01. Personal Information

Status	Dr.	Mr.	Mrs.	Miss.	Employee No								
Name in Full (in English Block Letters)													

Name with Initials (in English Block Letters)													

Permanent Address (in English Block Letters)													

Province		District	
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E-mail Address		Telephone	
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NIC No		Gender	
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Civil Status	
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Date of Birth	Date	Month	Year	Age as at Closing date	Date	Month	Year

02. Educational Qualifications (Attach Copies of Certified Certificates)

I. G.C.E.(Ordinary Level) Examination		Index No			
		year			
No	Subject	Grade	No	Subject	Grade

II. G.C.E.(Advance Level) Examination		Index No			
		year			
		Stream			
No	Subject	Grade	No	Subject	Grade

03. Academic Qualifications (Attach Copies of Certified Certificates)

University/ Institution	Period (from to)	Major Field	Degree	Class- if any	Year (effective date)

04. Professional Qualifications (Attach Copies of Certified Certificates)

Institution	Period (from to)	Field of Study	Qualifications	Year (effective date)

05. Language Proficiency:

Language	Proficiency	Give the qualification if any
	Fluent/ Very good/ Good/ Poor	

06. Employment Record:

Division / Section	Position	From	To	Period

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07. Any other Extra Curricular Activities:

Event	National/ District/ Interschool/ School Level

08. Declaration of the Applicant

I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and / or incorrect completion of my part of this application. Further, I state that, all sections of this application completed are true and correct to the best of my knowledge. I shall not subsequently change any information stated above.

Date

Signature of application

09. Recommendation of DGM/ AGM

I recommend / not recommend to proceed this application.

If not recommend, please indicate the reason briefly.

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Date

.....

Signature

Employees Trust Fund Board

Application Form

(For External candidates only)

Application for the post of

01. Personal Information

Status	Dr.	Mr.	Mrs.	Miss.
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District

E-mail
Address

Telephone

NIC No

Gender

Civil Status

Date of Birth	Date	Month	Year	Age as at Closing date	Date	Month	Year

02. Educational Qualifications (Attach Copies of Certificates)

I.	G.C.E.(Ordinary Level) Examination	Index No	
		year	

No	Subject	Grade	No	Subject	Grade

II.	G.C.E.(Advance Level) Examination	Index No	
		year	
		Stream	

No	Subject	Grade	No	Subject	Grade

03. Academic Qualifications (Attach Copies of Certificates)

University/ Institution	Period	Major Field	Degree	Class- if any	Year

04. Professional Qualifications (Attach Copies of Certificates)

Institution	Period	Field of Study	Qualifications	Year

05. Language Proficiency:

Language	Proficiency	Give the qualification if any
	Fluent/ Very good/ Good/ Poor	

06. Employment Record: (Attach Service Certificates)

Place of Work	Position	From	To	Period

07. Any other Extra Curricular Activities:

Event	National/ District/ Interschool/ School Level

08. Two Non – Related Referees

Name	Position	Address	Telephone No

09. Declaration of the Applicant

I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and / or incorrect completion of my part of this application. Further, I state that, all sections of this application completed are true and correct to the best of my knowledge. I shall not subsequently change any information stated above.

Date

Signature of application

10. Attestation

I do hereby certify that Dr./Mr./ Mrs./ Miss. is personally known to me and placed his/ her signature in my presence on

11. (The part is Applicable only for Candidates who Engage in Government Employment) Attestation of the head of the Department / Institution

I hereby certify that Dr./Mr./ Mrs./ Miss. who is working in this ministry/ Department/ Institution, is working in the post of and his/ her work and conduct are satisfactory, no disciplinary action pending against him/ her and no decision has been taken to impose any such in the future. If he/ she will be selected for this post, he/ she can/ cannot be released from the service.

Date Signature of the head of the

department/ Authorized officer

Name

Designation

Address