



SPECIMEN APPLICATION
NATIONAL APPRENTICE & INDUSTRIAL TRAINING AUTHORITY



THE POST APPLIED

1. Full Name of the Applicant :
2. Name with Initials :
3. Permanent Address :
- Current Address (if any) :
4. District :
5. Date of Birth :
6. Age as at Closing date of application : Years Months Days
7. Gender :
8. Civil Status :
9. NIC No :
10. Contact No : WhatsApp.....
11. e -mail address :

12. Educational Qualifications
G.C.E (O/L) – YEAR Index No:

SUBJECT	GRADE	SUBJECT	GRADE

G.C.E (A/L) – YEAR Index No:

SUBJECT	GRADE	SUBJECT	GRADE

13. Degree Qualification:

Degree	University	Date of Registered	Date of Completion	Valid date of Degree
1.				
2.				
3.				

- **Attach transcripts of above-mentioned Degrees.**

14. Postgraduate Qualification :

Postgraduate Degree/ Diploma	University/ Institute	Date of Registered	Date of Completion	Valid date of Degree/ Diploma
1.				
2.				
3.				

- **Attach transcripts of above-mentioned Degrees/ Diplomas.**

15. Professional Qualifications :

Qualification	Institute	Date of Obtained the Qualification	Validity Date
1.			
2.			
3.			

16. Vocational Qualifications:

Qualification	Institute	Date of Obtained the Qualification	Duration
1.			
2.			
3.			

17. Other qualifications:

Qualification	Institute	Date of Obtained the Qualification	Duration
1.			
2.			
3.			

18. Language Proficiency:

Language	Listening	Speaking	Reading	Writing
Sinhala				
English				
Tamil				
Other				

- Proficiency to be attached.

19. Experience:

Experience	Institute	Position	Salary Code	No of Years
Managerial Experience				
Executive Experience				
Non-Executive Experience				

20. Extracurricular activities :
- Sports : School Level / National Level / International Level
 - Other activities:

21. **Two (02)** Non related referees :

Referee 01

Name:
Address:
Contact No / WhatsApp No:
e-mail:

Referee 02

Name :
Address :
Contact No/WhatsApp No:
e-mail:

One referee should where the applicant is currently working or from the previous employee.

- **Note:** All relevant supportive documents should be appended.

I hereby declare that all information furnished by this application is true, correct and complete to the best of my knowledge belief. I further acknowledge and consent that if any information provided is found to be false, misleading or inaccurate at any stage of the application process. Thereafter, I shall be liable for any action deemed necessary by NAITA.

Date :

Signature :

This section is applicable for applicants working in the public sector.

Recommendation of Head of Department :

I hereby certify that Mr / Mrs / Ms is employed in this Ministry / Department / Corporation / Board as His / Her work and conduct are satisfactory and the particulars furnished by him /her are correct. If selected he / she / can / cannot released from his / her present post.

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HEAD OF DEPARTMENT

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DATE