



Ministry of Education, Higher Education and Vocational Education



Vocational Training Authority of Sri Lanka

Application for the Post of
.....

1. Title : Mr [ ] Mrs [ ] Miss [ ]

2. Full Name : (According to the NIC) [Grid]

3. Name with Initials : [Grid]

4. Permanent Address : [Grid]

District: [ ]

Province [ ]

5. Postal Address [Grid]

6. NIC No : [Grid]

7. Date of Birth : [Grid] (d/m/y) Age as at 01/06/2026 [Grid] [Grid] (y/m)

8. Gender : Male: [ ] Female: [ ]

9. Nationality : [ ]

10. Marital status : [ ]

11. Contact No : Mobile: [ ] Home: [ ]

12. E-mail address : [ ]

**13. Higher Education Qualifications**

*(Relevant Degrees/NVQ 7 & Postgraduate Qualifications)*

SN	Name of University / Institute	Title of Degree/NVQ 07	Effective Date

**14. Professional Qualifications**

*(e.g., NVQ Certificates, Diplomas, or any other qualifications directly related to the position applied for)*

SN	Name of University / Institute	Title	Effective Date

**15. Work Experience**

*(Mention only work experience relevant to the position.)*

SN	Name & Address of the Institute	Designation	Duration	
			From (D/M/Y)	To (D/M/Y)

**16. Memberships of Professional Bodies:**

- 1. ....
- 2. ....

**17. Language Proficiency:**

Language	Basic	Intermediate	Proficient
English			
Sinhala			
Tamil			

**18. Non-Related Referees:**

- 01. Name : .....
- Designation : .....
- Contact Number : .....
- Address : .....
  
- 02 Name : .....
- Designation : .....
- Contact Number : .....
- Address : .....

**19. Applicant’s Declaration**

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in disqualification prior to selection or dismissal without compensation if discovered after appointment.

.....  
Date

.....  
Signature of the applicant

**20. For Public Service/Corporations/Statutory Boards Candidates only**

I hereby certify that the particulars furnished by the applicant in this application are correct according to the updated records in the applicant’s personal file. As of now, no disciplinary action has been taken against the applicant. If the applicant is selected for this post, he/she can / cannot be released from his/her current position.

.....  
Date

.....  
Signature of Head of the Department



**13. Educational Qualifications**

13.1. **G. C. E. (O/L) Examination** *(Please attach a photocopy of the G.C.E. Ordinary Level Certificate)*

Year: - ..... Index No :- .....

	Subject	Grade		Subject	Grade
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

13.2. **G. C. E. (A/L) Examination** *(Please attach a photocopy of the G.C.E. Advanced Level Certificate)*

Year: - ..... Index No :- .....

	Subject	Grade		Subject	Grade
1.			3.		
2.			4.		

**14. Other Qualifications**

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**15. Non-Related Referees:**

Name / Telephone No	Position	Address

**16. Applicant's Declaration**

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in disqualification prior to selection or dismissal without compensation if discovered after appointment.

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Date

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Signature of the applicant

**17. For Public Service/Corporations/Statutory Boards Candidates only.**

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.....

Date

.....

Signature of Head of the Department



**13. Educational Qualifications** *(Please attach a photocopy of the G.C.E. Ordinary Level Certificate)*

**First Attempt**

13.1. G. C. E. (O/L) Examination: Year: - ..... Index No :- .....

	Subject	Grade		Subject	Grade
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

**Second Attempt (If applicable)**

13.2. G. C. E. (O/L) Examination: Year: - ..... Index No :-

	Subject	Grade		Subject	Grade
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

**14. Details of Driving License** *(Please attach a photocopy of the Driving License)*

- License No. : .....
- Issued Date : .....
- Expiry Date : .....

**15. Work Experience** *(Please attach photocopies of relevant certificates/documents)*

SN	Name & Address of the Institute	Designation	Duration	
			From (D/M/Y)	To (D/M/Y)

**16. Non-Related Referees:**

Name / Telephone No	Position	Address

**17. Applicant's Declaration**

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in disqualification prior to selection or dismissal without compensation if discovered after appointment.

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Date

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Signature of the applicant

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Date

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Signature of Head of the Department