Reference No:

(for official use)

Sri Lanka Bureau of Foreign Employment
Application for the registration of the ----------Training Service Providers

01. 1.1 Name in Full : Mr. /Mrs. / Miss : .....
(in block Capital)

1.2 Name with Initial :.....

02. 2.1 Permanent Address :

Address 1:..... Address 2 :.....

Address 3:..... Address 4:.....

2.2.District : .....

2.3 Mobile No :.....

2.4 email Address :.....

03. 3.1 Gender :.....

3.2 Civil Status :.....

3.3 date of Birth Year ☐☐☐☐ Month ☐☐ Date ☐☐

3.4 Age As at : 01.01.2023 Years ☐☐ Months ☐☐ Dates ☐☐

3.5 NIC : ☐☐☐☐☐☐☐☐☐☐

04. Educational Qualification :

4.1 GCE (O/L Examination) :

	1st attempt Year ..... Index No			2nd attempt Year ..... Index No	
	Subject	Grade Obtained		Subject	Grade Obtained
01			01		
02			02		
03			03		
04			04		
05			05		
06			06		
07			07		
08			08		
09			09		
10			10		

4.2 GCE (A/L Examination) :

Year : ..... Exam No: .....

#	Subject	Grade Obtained
01		

Professional Qualifications

Category	Name	Duration	Name of the institution	Duration
Master				
Degree				
Diploma				
Certificate				
Work shop				
Training				

Extra Curricular Activities:

01. :.....

02. .....

03. .....

04. .....

05. .....

06. .....

05. (i) Working Experience : **Overseas**

#	Name of the working place	Designation	Service Period

(ii) Working Experience : **Local**

#	Name of the working place	Designation	Service Period

06. Affirmation of the applicant.

The above information provided by me is true and accurate according to the best of my knowledge.

Date : .....

.....

Name / Signature of the applicant