JOB APPLICATION FORM

| (Please complete only the sections relevant to applican | (Please com | plete only | the se | ections | relevant | to a | pplican |
|---|-------------|------------|--------|---------|----------|------|---------|
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| POSITION APPLIED FOR . | | | | |
|--|-------------------------|----------------------|--------------------|----------------|
| SECTION | | | | |
| (Section should be filled acco Section) 01. Personal Details | ording to the advertise | ment – Ex : Research | Scientist (RS)– Fo | ood Technology |
| Name in Full Rev./ Mr./Mrs./Miss | | | | |
| Name with initials | | | | |
| Date of Birth | _ | | Age: | |
| Gender | | | | |
| National Identity Card No | | | | |
| Civil Status | _ | | | |
| Whether Citizen of Sri Lanka or not | | | | |
| Schools Attended | | | | |
| Permanent Address | | | | |
| Contact Numbers | | | | |
| E-mail | | | | |
| 02. Educational Qualification 2.1 G.C.E. (O/L) Examination | | | | |
| Subject | Grade | Subj | iect | Grade |
| | | | | |

| | Subject | | Grade | | | |
|---|-------------------------|------------------|----------------|-------------------------|--------------------------------|-----------------------------|
| 2.3 Degree/ | / Equivalent | | | | | |
| Degree | Field | Name of Ins | stitution C | Class/Grade obtained | Date of Award | Duration (3 or 4 Years) |
| | aduate Degree/ E | | | | | |
| Degree | Field | Name o | of Institution | Class/Grad obtained | | |
| | | | | | | |
| 2.5 Advance Advance Diploma/ | d Diploma/ Diplor | na Level Qualifi | | | er, Language | of Duratio |
| 2.5 Advance Advance Diploma/ Diploma etc | d Diploma/ Diplor Field | na Level Qualifi | of Institution | Class/Grad | er, Language de Date Awa | of Duratio rd (1 or 2 Ye |
| 2.5 Advance Advance Diploma/ Diploma etc | d Diploma/ Diplor | na Level Qualifi | of Institution | Class/Grad | er, Language de Date Awa | of Duratio rd (1 or 2 Ye |

| emarks:4. Working Expe | ience (Please at | tach copy of c | ertificates) | | |
|--------------------------------|------------------|----------------|----------------|-------------|-----------------|
| mployer/Institution | Designation | From - To | Reason for | leaving | Number of Years |
| | | | | | |
| | | | | | |
| 5. Extra Curricula Activities | Name of In | stitution | Certificate of | obtained | Date |
| | | | | | |
| | | | | | |
| emarks:6. Research , Labo | | | | | ts / Experienc |
| | · | · | | 1 34 | |
| Institute | | Detail of | subject | Ye | ear/ Duration |
| | | | | | |
| | ohiovomento (In | cluding Leader | shin Manage | rial etc.) | |
| 7. Other Special A | cilievements (in | cluding Leader | omp, manago | , | |

| 8. | Publications , patent & Awards Please use separate sheet and attach | | | | | | |
|------------------|---|--|----------------------------------|--|--|--|--|
| 9. | Any further relevant particu | llars (Not included above) | | | | | |
| 10 | . Two Non Related Referees Name | Address | Contact No | | | | |
| | Name | Audiess | Contact No | | | | |
| | | | | | | | |
| hereby | certify that the above particular | s furnished by me are true and accurate to | o the best of my Knowledge. | | | | |
| | Signature of Applicant | | Date | | | | |
| (If emp | • | ss/ State Corporations/ Statutory Boards s | | | | | |
| | | ablishments. An advance copy of the appli | , | | | | |
| | | the application ofee to release him/ her in case selected to t | | | | | |
| | Date | | the Institution (Official Stamp) | | | | |
| Notes: 1. | The following documents should | be annexed to the application (Photo Cop | pies only) (non –returnable) of | | | | |
| | I. Copy of the National ID | card | | | | | |
| | II. Certificate of Birth III. Certificates of educatio | nal and professional qualifications. | | | | | |
| | IV. Any other testimonials | obtained in support of your application. | | | | | |

| Originals of certificates should not be forwarded along with the application but they should be produced for examination only if summoned for interview. If given space is not sufficient in above sections, please use separate sheets and attach. | | | | | | | | |
|--|---------------|-------------------------------|-----------------------------------|------------|--|--|--|--|
| For office use only | | | | | | | | |
| Post applied | Section / Lab | Basic qualification fulfilled | Basic qualification not fulfilled | HR Remarks | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Checked by | | | Certified by | | | | | |
| Kaspk/ab 11072018 | | | | | | | | |