

NATIONAL BUILDING RESEARCH ORGANISATION MINISTRY OF DISASTER MANAGEMENT

BUILDING MATERIALS RESEARCH AND TESTING DIVISION

APPLICATION FORM FOR

PRACTICAL/TRAINING PROGRAMME ON TESTING OF CEMENT AND CONCRETE

Mr. Miss. Mrs. Name In Full:
Date of Birth : Age : Marital Status: Single Married
Date of Birth : Age : Marital Status: Single Married
Nationality: National Identity Card/Passport No. :
Permanent Address : Office Address :
Contact Details Mobile No.
Telephone (Home)
Telephone (Office)
E-mail
2. EDUCATIONAL QUALIFICATIONS
a) High School Education (A/L)
School Attended Subjects Grade Obtained Year
i.
ii.
iii.
iv iv
b) Undergraduate or post graduate studies
FromToInstitution AttendedDegreeClass/RankYearMonth/YearMonth/Year
3. WORK EXPERIENCE
a) Previous work experience
Name of the From To Position
organization Month/Year Month/Year

b) Current Occupation Details Name of the organization organization Position and nature of work organization Image: Second			I			
Name of the organization Date joined Position and nature of work 4. English Language Proficiency Excellent Medium Average Poor 5. Preferred Language to be used during programme Sinhala English Tamil 6. Reasons for participation for the training programme Image: Sinhala English Tamil 6. Reasons for participation for the training programme Image: Sinhala English Tamil Imag						
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5. Preferred Language to be used during programme □ Sinhala □ English □ Famil 6. Reasons for participation for the training programme 5. Affirmation I declare that above mentioned particulars are true and accurate to the best of my knowledge. Any false or inaccurate information will render this application to be discarded.	4.	English Langua	age Proficiency			
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Date : Signature:						
		Date :		Signature:		