HECTOR KOBBEKADUWA AGRARIAN RESEARCH & TRAINING INSTITUTE

APPLICATION FORM

POST	OF	•••••		•••••	••••••
01.	Name	in Full	: (Mr./Mrs./Miss.)		
02.	Name	with initials	:		
03.	3.1	Address	:		
	3.2	Tel. No. (If available)	:		
	3.3	E-Mail (If available)	:		
04.	4.1	Date of birth	: Year	Month	Day
	4.2	Age at the closing date of Application	: Years	Months	Days
05.	State v	whether you are a citizen	Nati	ional Identity Card N	o. /
	Of Sri	Lanka by descent or by	If by	y registration state no	. &
	Regist	ration	date	e or registration	
06.	6.1 Ed	lucational Record :			

	Peri	od of		Exam	ination		
Name of the Educational	stu	ıdy					
Institute	From	To	O/L Yea	ır	A/L	Year	•••••
			Subject	Grade	Subj	ject	Grade

6.2 Other Educational Qualifications: (Indicate only the educational qualifications stipulated for the post) attach copies of certificates

Degree / Diploma or other examination	Educational Institute	Date of passing & Examination	Subjects	Standard reached
		No.		

6.3 Professional Qualifications: State first, the professional qualifications stipulated (If any) for this post (Attach copies of certificates)

		Date/Course duration
Details of qualifications obtained	Name of Institution	

6.4 Additional Qualifications : (Attach copies of certificates)

		Date/Course duration
Details of qualifications obtained	Name of Institution	

07.	Any Prizes, Scholarships awarded	:
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08. Extra curricular/ social activities :

09. Proficiency in Languages : (Attach copies of certificates)

Language	Proficient in			Highest examination passed as a subject
	Reading	Writing	Speaking	
Sinhala	Yes / No	Yes / No	Yes / No	
Tamil	Yes / No	Yes / No	Yes / No	
English	Yes / No	Yes / No	Yes / No	

10. Employment Record:

Name of Employer/ Institution	loyer/ Posts held	Period		Reasons for	Salary drawn
institution		From	То	Leaving	urawn

Name	Profession/Status	Address/Tel No.
1.		
2.		
12. Have you been convicted If so, give details	ed of any offence in a Court of L	.aw?
ofbest of my knowledge and that the general terms and condition information given by me is incomplete.	The particulars of I have not withheld any informations of employment and agree to a correct, I am liable to disqualification.	tisement appearing in
Date:	••••••	Signature
Certification of Department/	Head of the Institute	
Relevant only for those who a Statutory Boards.	are already in the service of Go	overnment/ Government Corporations/
employee of this Ministry/Dep satisfactory and that he/she has	partment/Board/ Corporation and s not been subjected to any disc	who is submitting this application is and that his/her performance and conduct are siplinary action or it is not intended to take the above post he/she can be released.
Date:		