MINISTRY OF SKILLS DEVELOPMENT, EMPLOYMENT & LABOUR RELATIONS Project on Establishment of National Vocational Training Center at Polonnaruwa Calling Application for the Positions of the Project Management Unit

Application Form

POS	T APPLIED:						
01	Name in Full:						
02	Name with Initials:						
03	Permanent Address:						
04	Tel:		Mobile:				
	Fax:		E-mail:				
05	National Identify Card	l No:					
06	Date of Birth:		Year:	Month:	Day:		
07	Age as at closing date	of Applications:	Years:	Months:	Days:		
08	Civil Status:						
09	Citizenship:						
10	Higher Educational Q	ualifications [First De	egree and Postgra	aduate Degree (s)]			
	University / Institution	Degre	ee	Main Subject/ S	ubjects		

11	Professional Qualifications / Charted Corporate Memberships etc.							
	University/ Institution		Examination passed		Speciali	Specialization		r of Passing
12	Other/C	Certificates (if any	y)		1			.
	Cour	se/Certificate	Fi	ield	Name	of the Insti University		Year
13		ner Academic Dis , Prizes, etc. (in						
		nich such awards						
14		h & Publications						
	ınsuttıc	ient, please use s	eparate sheet)				
15	Current	Employment Re	ecords		r	Time P	oriod	
	Post	Designation	Institution		scription of uties	From	ı	To
				2.		(dd/mm/y	yyyy)	(dd/mm/yyyy)

		Designation		Institution	Brief Description of Duties		4.	Time Period			
	Post						otion	From (dd/mm/yyyy)		To (dd/mm/yyyy)	
			I		1					1	
		Proficiency in Languages (Please Mark '√' in the relevant cage)									
P	roficiency i	in Langua	ges (Pl	ease Mark	'√' in 1	the releva	ant cag	ge)			
P	roficiency i	n Langua		ease Mark Written	'√' in 1	the releva	ant cag		Spoker	1	
	roficiency i					Weak	very	Good	Spoker Satis	n factory	Weak
		Very		Written		Weak	Very	Good			Weak
		Very		Written		Weak	Very	Good			Weak
		Very		Written		Weak	Very	Good			Weak
		Very		Written		Weak	Very	Good			Weak
		Very		Written		Weak	Very	Good			Weak
		Very Good	Good	Written Satisfac		Weak	Very	Good			Weak
	Language	Very Good	Good	Written Satisfac		Weak	Very	Good			Weak
	Language	Very Good	Good	Written Satisfac		Weak	Very	Good			Weak
	Language	Very Good	Good ent exp	Written Satisfac		Weak	Very	Good			Weak
	Language Language	Very Good	Good ent exp	Written Satisfac		Weak	Very	Good			Weak

20	Special Skills
21	Creativity (including patents)
22	Are you under any obligatory National Service (If yes, specify)
23	If selected, what is the earliest date that you can assume duties:
24	Names of two persons (with addresses and contact numbers) to whom reference can be made:

25	I hereby declare that the particulars furnished by me in the application are true and accurate. I am also aware that if any particulars herein are found to be false or incorrect, I am liable to disqualification if the inaccuracy is discovered before the selection and dismissal without any compensation if the inaccuracy is discovered after the appointment.
	Signature of the Applicant Date
26	For Public / Corporate Sector Candidates
	Application for the post ofsubmitted by
	is forwarded herewith. If he / she is selected for the said post he / she can / cannot be released.
	Date:
	Signature of the Head of Institution
	(Please place official seal of
	the Head of Institution)
	Note
(i)	If the sheets above are not sufficient, please use extra sheets, when & where necessary.
(ii)	Indicate the list of documents attached along with the application form.
	(a)
	(b)
	(c)