

**Employees Trust Fund Board  
Application Form**

Application for the post of .....

**01' Personal Information**

Status	Dr.	Mr.	Mrs.	Miss.
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Name in Full (in English Block Letters)																				

Name with Initials (in English Block Letters)																				

Permanent Address (in English Block Letters)																				

Province	
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District	
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E-mail Address	
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Telephone	
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NIC No	
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Gender	
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Civil Status	
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Date of Birth	Date	Month	Year	Age as at Closing date	Date	Month	Year

**02' Educational Qualifications (Attach Copies of Certificates)**

I.	G.C.E.(Ordinary Level) Examination	Index No	
		year	

No	Subject	Grade	No	Subject	Grade

II.	G.C.E.(Advance Level) Examination	Index No	
		year	
		Stream	

No	Subject	Grade	No	Subject	Grade

**03' Academic Qualifications (Attach Copies of Certificates)**

University/ Institution	Period	Major Field	Degree	Class- if any	Year



**07' Any other Extra Curricular Activities:**

Event	National/ District/ Interschool/ School Level

**08' Two Non – Related Referees**

Name	Position	Address	Telephone No

**09' Declaration of the Applicant**

I respectfully declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss which may occur due to incomplete and / or incorrect completion of my part of this application. Further, I state that, all sections of this application completed are true and correct to the best of my knowledge.

I shall not subsequently change any information stated above.

Date .....

Signature of application .....

**10' Attestation**

I do hereby certify that Dr./Mr./ Mrs./ Miss. ....  
..... is personally known to me and placed his/ her  
signature in my presence on .....

**11' (The part is Applicable only for Candidates who Engage in Government Employment) Attestation of the head of the Department / Institution**

I hereby certify that Dr./Mr./ Mrs./ Miss. ....  
who is working in this ministry/ Department/ Institution, is working in the post of .....  
..... and his/ her  
work and conduct are satisfactory, no disciplinary action pending against him/ her and no  
decision has been taken to impose any such in the future. If he/ she will be selected for this  
post, he/ she can/ cannot be released from the service.

Date .....

.....  
Signature of the head of the  
department/ Authorized officer

Name .....

Designation .....

Address .....