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Application Form

NATIONAL LIBRARY AND DOCUMENTATION SERVICES BOARD

Application for the post of

01 PERSONAL INFORMATION

Status	Dr I	Mr 1	Mrs	Mi	SS										
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Name in Full			_												
(in English Block letters)			_												
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Name in Initials (in English Block letters)															
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Permanent Address			_												
(in English Block letters)			_			_									
Province				1		stricts									
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Divisional Secretariat															
Divisional Secretariat															
Grama Niladhari Divis	sion														
E- mail Address															
Telephone			1			Eth	nic (Group)						
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NIC No] [Civil S	tatus					Gen	der			
	I		_	. L						1					
Date of Date	Month	Ye	ar] [Age a	as at		Days	5	N	Iontl	ıs	, I	Years	s
Birth				1	closing	g date									

02 EDUCATIONAL QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)

Ι	G.C.E.(Ordinary Level) Examination	Index No	
	G.C.E.(Ordinary Level) Examination	Year	

	Subject	Grade
01		
02		
03		
04		
05		

	Subject	Grade
06		
07		
08		
09		
10		

		Index No	
II	G.C.E.(Advanced Level) Examination	Year	
11	G.C.E.(Advanced Lever) Examination	Stream	
		Z-Score	

	Subject	Grade	Subject	Grade
01			03	
02			04	

03 ACADEMIC QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)

University	Period	Major field	Degree / Diploma	Class - if any	Year

04 PROFESSIONAL QUALIFICATIONS (ATTACH COPIES OF CERTIFICATES)

Institution	Period	Field of studay / Training	Qualification	Year

05 WORK EXPERIENCE (ATTACH COPIES OF CERTIFICATES)

Organization	Period	Position Held	Nature of Work

06 ANY OTHER QUALIFICATIONS (IF ANY)

07 TWO NON-RELATED REFEREES

Name	Position	Address	Telephone No

08 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 any part of this application. Further, I state that, all sections of this application completed are ture and correct to the best of my knowledge.

I Shall not subsequently change any information stated above

Date :

Signature of Applicant :