## HECTOR KOBBEKADUWA AGRARIAN RESEARCH & TRAINING INSTITUTE

## **APPLICATION FORM**

POST	OF			•••••	•••••	••	
01.	Name in Full		:				
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	Na	tional Identity Card N	Jo. /		
	Of Sri	Lanka by descent or by	If 1	If by registration state no. &			
	Regist	ration -	da	te or registration -			

06. 6.1 Educational Record :

Name of the Educational	Period of study		Examination					
Institute	From To		O/L Year A/L Year					
			Subject	Grade	Subjec	ct Grade		

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

Educational Institute	Date of passing & Examination	Subjects	Standard reached
	No.		
		Institute & Examination	Institute & Examination

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

Name of Institution	Date/Course duration
	Name of Institution

6.4 Additional Qualifications : (Attach copies of certificates)

Details of qualifications obtained	Name of Institution	Date/Course duration

Language		Proficient i	n		High	est exan	nination passed	as a subje
	Reading	Writing	Spea	king				
Sinhala Yes_/ N		Yes / No	Yes / No					
Tamil	Yes / No	Yes / No	Yes	/ No				
English	Yes / No	Yes / No	Yes	/ No				
Name of Employer/ Institution		Posts held		Period From To		_	TD 0	<b>G</b> 1
				Fro		To	Reasons for Leaving	Salary drawn

Any Prizes, Scholarships awarded :

07.

I hereby declare that this application is in response to the adverted to the Kobbekaduwa Agrarian Research & Training Institute and correct to the best of my knowledge and that I have not disclose. I have read the general terms and conditions of emaware that in case any information given by me is incorrect inaccuracy is discovered before appointment and to dismiss inaccuracy is discovered after appointment.	titute The particulars contained herein are not withheld any information which I ought aployment and agree to abide by them. I am ect, I am liable to disqualification if the
Date:	Signature
Certification of Department/ Head of the Institute	
Relevant only for those who are already in the service of Go Statutory Boards	overnment/ Government Corporations/
I certify that Mr. /Mrs. /Miss employee of this Ministry/Department/Board/ Corporation and satisfactory and that he/she has not been subjected to any disc such action against him/her. In the event of his/her selection for	d that his/her performance and conduct are ciplinary action or it is not intended to take
Date:	

Signature & Seal

Have you been convicted of any offence in a Court of Law?

12.

If so, give details