

**Model Application**

(For office use only)

**Recruiting for the Posts of National Institute of Labour Studies -2024**

Post:.....

**1.0 Personal Information**

1.1 Name with Initials at the end: .....

(In English block capitals) (Ex: GUNAWARDHANA H.M.S.K.)

1.2 Name in full - .....

(In English block capitals)

1.3 Full name - .....

(In Sinhala / Tamil)

1.4 National Identity card No-

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**2.0**

2.1 Female -1    Male- 0  ( Write the relevant number in the box )

2.2 Permanent Address - .....

(In English block capitals)

2.3 Permanent address- .....

(In Sinhala / Tamil)

2.4 Telephone No: .....

2.5 Email Address.....

3.1 Marital Status:    1- Married    2- Single

3.2 Date of Birth:

|   |       |      |  |  |   |  |  |   |  |  |
|---|-------|------|--|--|---|--|--|---|--|--|
| Year  | Month | Date |  |  |   |  |  |   |  |  |
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|   |       |      |  |  |   |  |  |   |  |  |
|   |       |      |  |  |   |  |  |   |  |  |

3.3 Age upto the Closing Date of Application:

|   |        |      |   |  |  |   |  |  |
|---|--------|------|---|--|--|---|--|--|
| Years   | Months | Days |   |  |  |   |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table> |        |      | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table> |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr></table> |  |  |
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|   |        |      |   |  |  |   |  |  |
|   |        |      |   |  |  |   |  |  |

3.4 How have you become a Sri Lankan citizen, by birth or registration?

.....

#### 4.0 Educational Qualifications

##### 4.1 G.C.E.(O/L) Examination

- i. Year : .....
- ii. Index No: .....
- iii. Results

| Subject | Grade | Subject | Grade |
|---------|-------|---------|-------|
| 1.      |       | 6.      |       |
| 2.      |       | 7.      |       |
| 3.      |       | 8.      |       |
| 4.      |       | 9.      |       |
| 5.      |       | 10.     |       |

##### 4.2 G.C.E.(A/L) Examination

- i. Year : .....
- ii. Index No:.....
- iii.Results

| Subject | Grade |
|---------|-------|
| 1.      |       |
| 2.      |       |
| 3.      |       |
| 4.      |       |

##### 4.3 Degree / Certificate :

- i. The day awarded- .....
- ii.University / Institute - .....
- iii.Type of degree / certificate - .....
- iv. The date of the degree / certificate - .....
- v.Grade - .....
- vi. Medium of instruction - .....

#### 5.0 Professional Qualification

| Course | Duration | Institution |
|--------|----------|-------------|
|        |          |             |

#### 6.0 Experience

| Institution | Duration | Designation |
|-------------|----------|-------------|
|             |          |             |

**7.0 Declaration of the Applicant:**

(a) 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 true and correct to the best of my knowledge.

(b) I shall not subsequently change any information stated above.

.....

Date

.....

Applicant's Signature

**8.0 Attestation:**

I do hereby certify that Mr./Mrs./Miss .....

..... is personally known to me and placed his/her signature in my presence

on .....

Signature of Certifying Officer

Name: .....

Designation: .....

Address: .....

**09. (This part is applicable only for candidates who engage in government employment) Attestation of the head of the Department/ Institution:**

I hereby certify that 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 be released from the service.

Date .....

.....

Signature of the Head of the  
Department or Authorized Officer.

Name: .....

Designation: - .....

Ministry / Department: - .....