



අයදුම් පත්‍රය

ඔබ අයදුම් කරන පාඨමාලාව ඉදිරියේ ඇති කොටුවේ X ලකුණ යොදන්න.

(ශ්‍රම අධ්‍යාපනවේදී උපාධිය හැදෑරීම සඳහා සුදුසුකම් ඇති අයදුම්කරුවන්ට ශ්‍රම අධ්‍යාපන ඩිප්ලෝමාව සඳහා අයදුම්කළ නොහැක.)

1. ශ්‍රම අධ්‍යාපනවේදී උපාධිය
 Bachelor of Labour Education
2. ශ්‍රම අධ්‍යාපන ඩිප්ලෝමාව
 Diploma in Labour Education

(To fill this form [except (1) (a)], please use the English Language, as all data will be computerized in English.)

(1) Full name as in your Birth Certificate

(a) සිංහල අකුරින්-

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(b) In English –

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(2) Name with Initials:

(a) Initials-

(b) Surname/Family Name-

.....

(3) Contact details –

(a) Address:

.....

(b) Telephone – Residence

Mobile

(c) E Mail Address

(4) (a) Date of Birth - Year Month Date

(b) Age as on 30th January, 2018- Years Months Dates

(5) (a) NIC Number -

(b) Gender - Male Female

(6) Educational Qualifications –

(a) GCE (O/L) – Examination Index Number
Year

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

(b) GCE (A/L) – Examination Index Number
Year

Subject	Grade	Subject	Grade
1.	3.
2.	4.

(7) Other Educational Qualifications

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.....

(8) Details of your Employment

(A) If you are a State Employee/Employee of a private Organization,

(a) Name of the Present Workplace:

(b) Address:

(c) Office Telephone Number:

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(d) Present Occupation:

(e) Date of Appointment:

Year				Month			Date		
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(f) Duration of Service:

Years				Months			Dates		
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(B) If involved in a Self-Employment; (Please respond to following, if the applicant does not meet sub section A of this)

(a) Self-Employment:

(b) Date of Registration:

Year				Month			Date		
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(c) Date Started the Self-Employment:

Year				Month			Date		
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(d) Duration of Self-Employment as on 30th January, 2018:

Years				Month		
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(e) Registered Address of the Self-Employment:
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(9) Information about your **Previous Employment** (If relevant only)

(a) Name of the Workplace:

(b) Address:

(c) Occupation:

(d) Duration of Service:

Years				Months			Dates		
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I certify that the particulars furnished by me above are true and accurate to the best of my knowledge and I understand that if any particular/s I have furnished above is/are found as false my studentship can be cancelled.

ඉහත මවිසින් සඳහන් කරන ලද සියලු විස්තර සත්‍ය බවත් මාගේ ඉහත සුදුසුකම් කිසිවක් සඟවා නැති බවත් කිසියම් කරුණක් අසත්‍ය බව හෙළිදරව් වුවහොත් මාගේ ශිෂ්‍යභාවය අවලංගු වන බව මම හොඳින් දන්නා බවත් මෙයින් ප්‍රකාශ කරමි.

Date: Signature of the Applicant:

(10) Certification of your Signature

(a) If you are an employee of the state or an employee of a private Organization your signature should be certified by an Executive Officer of your Workplace

I certify that I know the person very well who places his Signature on his/her application in front of me and he/she works at this Department/Organization.

Name of the Officer:

Designation:

Department:

Address:

Date:

Year					Month			Date		
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.....
Date Stamp

.....
Signature of the Officer

(b) If you a self-employee the Grama Seva Niladari of your area should certify your Signature

I certify that I know the person who places his Signature on his/her application in front of me and is a Self-Employee who has the registered self-employment in my division.

Name of the Grama Seva Niladari :

Name of the Grama Seva Division:

Address:

Date:

Year					Month			Date		
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.....
Date Stamp

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Signature of the Officer