



VOCATIONAL TRAINING AUTHORITY OF SRI LANKA



**State Ministry of Skills Development,
Vocational Education, Research & Innovation**

Applied medium

| | | | |
|----------------|--|--------------|--|
| <i>Sinhala</i> | | <i>Tamil</i> | |
|----------------|--|--------------|--|

(Use “√” to right Place)

Instructor Recruitment Application

Course applying for:

01. Personal Information

1.1 Full Name (According to NIC) :

.....

1.2 Name with Initials :

1.3 Permanent Address :

.....

.....

1.4 National Identity Card No :

1.5 Date of Birth : Year: Month: Date:

1.6 Sex : Male : Female:

(Use “√” to right Place)

1.7 Nationality :

1.8 Contact No : Mobile :

Home :

1.9 E - Mail :

02. Educational Qualifications

2.1 G.C.E. O/L

Year:

Index:

| <i>Subject</i> | <i>Grade</i> | <i>Subject</i> | <i>Grade</i> |
|----------------|--------------|----------------|--------------|
| | | | |
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2.2 G.C.E. A/L

Year:

Index:

| <i>Subject</i> | <i>Grade</i> |
|----------------|--------------|
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03. NVQ Qualification (Select “√” the relevant qualification/s)

Note: Please Attach the relevant NVQ Certificate/s copies (if not your application will be rejected)

| No | Name of the Course | NVQ Level | Level | Effectuated Date |
|-----------|---------------------------|------------------|--------------|-------------------------|
| 1 | | NVQ 4 | | |
| 2 | | NVQ 5 | | |
| 3 | | NVQ 6 | | |
| 4 | | NVQ 7 | | |

04. Any other Professional / Vocational Qualification - *Please Attach the relevant Certificate/s copies (if not your application will be rejected)*

1.
2.
3.
4.

05. Working Experience -

(After completing the NVQ L 4 qualification, one year working experience should be proved)

| <i>Position</i> | <i>Organization</i> | <i>From</i> | <i>To</i> |
|-----------------|---------------------|-------------|-----------|
| | | | |
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06. Non-Related Referees:

01. Name :
Designation :
Work place :
Contact Number :
Address :

02. Name :
Designation :
Work place :
Contact Number :
Address :

I do declare hereby that details given herein are true and correct to the best of my knowledge. I am very well aware that I would be dismissed from service if found false any information in advance to or aftermath of the appointment.

Date:

Signature: