



# A PROJECT OF THE MINISTRY OF EMPLOYMENT & LABOUR

JobsNet Headquarters  
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Tel: 034-43446  
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## Personal Details

Name in Full:

Permanent Address:

Telephone:  Fax:

Temporary Address:

Telephone:  Fax:

E-mail:  Mobile:

NIC Number:  Date of Issue:

Passport Number:  Date of Issue:

Marital Status:  Married  Unmarried Date of Birth:

## Post Applied For

## Educational Qualifications

Examination\Results	Year Passed	School\Institution\University

## Employment History

Duration To - From	Designation	Employer	Country



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Tel: 034-43446  
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## Languages (Please enter ✓ where applicable)

Spoken

Reading

Writing

English	<input type="checkbox"/> Poor <input type="checkbox"/> V. Good	<input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> V. Good	<input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> V. Good	<input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Good
Sinhala	<input type="checkbox"/> Poor <input type="checkbox"/> V. Good	<input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> V. Good	<input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> V. Good	<input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Good
Tamil	<input type="checkbox"/> Poor <input type="checkbox"/> V. Good	<input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> V. Good	<input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> V. Good	<input type="checkbox"/> Fair <input type="checkbox"/> Excellent	<input type="checkbox"/> Good

## Training Courses

Name of Institution	Course Title	Year	Duration

## Other Information

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I do hereby certify that the above mentioned particulars are true and correct to the best of my knowledge.

.....  
Date

.....  
Signature of Applicant

<b>FOR OFFICE USE ONLY</b>	
Ref No.	:
Date Received	:
Officers Name	: