

SPECIMEN APPLICATION NATIONAL APPRENTICE & INDUSTRIAL TRAINING AUTHORITY



	THE POST APPLI	ED				
1.	Full Name of the Applicant		:			
2.	Name with Initials		:			
3.	Permanent Address		:			
	Current Address (if an	y)	:			
4.	District		:			
5.	Date of Birth		:			
6.	Age as at Closing date	of application	: Years Mo	nths Days		
7.	Gender		:			
8.	Civil Status		:			
9.	NIC No		:			
10.	Contact No		:	: WhatsApp		
11.	e -mail address		:	:		
12. G.C.E (C	Educational Qualificat					
SUBJEC	<u> </u>	GRADE	SUBJECT	GRADE		
	(1)					
G.C.E (A/L) – YEAR Index No: SUBJECT GRADE			CDADE			
SUDJECT GRADE		GKADE	SUBJECT	GRADE		
If it is n	nore than one sitting	l please attached t	he copy of the certificate.			

13. Degree Qualification:

Degree	University	Date of	Date of	Valid date of
		Registered	Completion	Degree
1.				
2.				
3.				

• Attach transcripts of above-mentioned Degrees.

14. Postgraduate Qualification :

Postgraduate	University/Institute	Date of	Date of	Valid date of
Degree/ Diploma		Registered	Completion	Degree/ Diploma
1.				
2.				
3.				

• Attach transcripts of above-mentioned Degrees/ Diplomas.

15. Professional Qualifications :

Qualification	Institute	Date of	Validity Date
		Qualification	
1.			
2.			
3.			

16. Vocational Qualifications:

Qualification	Institute	Date of Obtained	Duration
		the Qualification	
1.			
2.			
3.			

17. Other qualifications:

Qualification	Institute	Date of Obtained	Duration
		the Qualification	
1.			
2.			
3.			

18. Language Proficiency:

Language	Listening	Speaking	Reading	Writing
Sinhala				
English				
Tamil				
Other				

• Proficiency to be attached.

19. Experience:

Experience	Institute	Position	Salary Code	No of Years
Managerial				
Experience				
Executive				
Experience				
Non-Executive				
Experience				

20.	Extracurricular activities :					
	o Sports	: School Level /	National Level	/ Internation	al Level	
	o Other acti	vities:				
21.	Two (02) Nor	related referees :				
	Name:					
	Address:					
	Contact No /	WhatsApp No:				
	e-mail:					
	One referee sh	hould where the appl	licant is curren	ntly working	or from the p	revious employee.
• No	te: All relevan	nt supportive docum	nents should b	e appended		
of my know be false, mi	vledge belief. I f	Formation furnished b further acknowledge ccurate at any stage o ary by NAITA.	and consent th	at if any info	rmation prov	ided is found to
Date :				Signature : .		
This section	on is applical	ble for applicants v	working in th	e public se	ctor.	
Recommer	ndation of Head	d of Department :				
I hereby cei	rtify that Mr / 1	Mrs / Ms		is employed	in this Ministi	ry / Department
/ Corporati	on / Board as .		His / H	Her work and	conduct are	satisfactory and
the particul	lars furnished b	y him /her are corre	ct. If selected h	e / she / can	/ cannot rele	eased from his /
her present	post.					
HEAD O	DF DEPARTMEN	 NT			DATE	
HEAD C	DF DEPARTMEN	 NT			DATE	