**NOMINEES INFORMATION FORM**

**Part – I**

|  |  |
| --- | --- |
| **Name of Course** |  |
| **Training Period** |  |

**Part – II**

**(to be filled by the applicant)**

1. **Personal Particulars :**

|  |  |
| --- | --- |
| **Full Name**  | (Please enter your name as indicated in your Passport.) |
| **Sex** |  |
| **Nationality** |  |
| **Marital Status**  |  |
| **Date of Birth**  |  |
| **Passport No.** |  | **Issued Date** |  |
| **Passport Validity till:** |  | **Issued Place** |  |
| **Address**  | **Office** | **Residence** |
|  |  |
| **Telephone No.**  |  |  |
| **WhatsApp No.**  | (Kindly provide your active WhatsApp number.) |
| **Email :** |  |  |
| **Special dietary needs, if any** |  |

1. **Educational Qualification(s) (From highest to lowest)** (Insert rows if you require more)**:**

|  |  |  |
| --- | --- | --- |
| **Degree/ Diploma/ Certificates** | **Year** | **Name of Educational Institution** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Professional Qualification(s), if any (From highest to lowest)** (Insert rows if you require more)**:**

|  |  |  |
| --- | --- | --- |
| **Professional Qualification(s)** | **Year** | **Name of Educational Institute** |
|  |  |  |
|  |  |  |

1. **Details of Current Employment :**

|  |  |
| --- | --- |
| **Name of the Employer** | (Please enter your current working place.) |
| **Address** |  |
| **Email Address** |  |
| **Phone Number** |  |
| **Designation** |  |
| **All Island Service Category** | (Please enter service.) |
| **Service Grade** |  |
| **Work Responsibilities** |  |
| **Date joined**  | (Please enter the date you started working at your current organization.) |
| **First Appointment to the All Island Service** | (Please enter the date you joined the **all island** service.) |
| **First Appointment to the Public Service** | (Please enter the date you joined the **public** service.) |

1. **Details of Previous Employment (in descending order) :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | **Position** | **Period** | **Description of Duties** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Have you ever attended a course sponsored by the Government of India?**

**………………………………………………………………………………………………...**

**6.1 If answer to 7 is yes, details of the course(s) :**

|  |  |  |
| --- | --- | --- |
| **Name of Course** | **Institute** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Details of course(s) attended, outside Sri Lanka, if any**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Course & Duration** | **Country** | **Year** | **Sponser** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Reasons for applying this training programme : ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
2. **Certification of English language proficiency :**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Level** | **IELTS/TOFFL grade, if available** | **Remarks** |
| **Speaking** |  |  |  |
| **Writing** |  |  |  |
| **Listening** |  |  |  |
| **Reading** |  |  |  |
| **IELTS overall grade, if any** |  |  |  |
| **Any other qualifications, if any** |  |  |  |
| **Diploma** |  |  |  |
| **Certificate** |  |  |  |
| **Other (Please specify)** |  |  |  |

1. **Any other language proficiency :**

|  |  |  |
| --- | --- | --- |
| **Language** | **Level** | **Remarks** |
|  |  |  |
|  |  |  |

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

**………………..……….. ……..…..………………………………….**

**Date Signature of the Applicant**

 **Designation and Official Stamp**

**Part – III**

**(To be filled by the Head of the Institution where the officer is currently employed)**

I certify that the above details furnished by the employee are true and correct as per the personal details at this institution. Having paid special attention to the duties assigned to the employee and having analyzed his/her abilities, I hereby recommend the above officer as the most suitable person for the above training course from this institution.

**……………………….. ……..……….……..………………………………….**

**Date Signature of the Head of the Institution**

**Designation and Official Stamp**