



**MINISTRY OF EDUCATION, HIGHER EDUCATION AND VOCATIONAL
EDUCATION
SRI LANKA INSTITUTE OF ADVANCED TECHNOLOGICAL EDUCATION
(SLIATE)**

Post	Advanced Technological Institute

1. Name in Full (Mr/Mrs/Miss) :-

2. Name with Initials :-

3. Date of Birth :-

4. NIC Number :-

5. Contact Information :-.....

Postal Address-.....

Phone Number- Official -.....

Mobile -..... E-mail -

6. Academic Qualifications:

Name of the Qualification	Name of the Institute	Year
i.
ii.
iii.
IV

7. Professional Qualifications:

Name of the Qualification	Name of the Institute	Year
i.
ii.
iii.
Vi.

8. Short Term Course:

- i.
- ii.
- iii.
- iv.
- v.

9. Working Experience:

	Position	Organization	from	To	Years
Present					
Past					

10. Research & Publications:

- i.
- ii.
- iii.
- iv.
- v.

11. Extra-Curricular Activities:

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I do hereby certify that all the above information is true and correct to the best of my knowledge.

Date: - **Signature of Applicant**

Name, Address and Telephone Numbers of two referees

- 1.
- 2.