Agricultural & Agrarian Insurance Board Application form for Team Leader/Agent

Educational Certificate Birth Certificate G.S. Certificates Pass Port Size Photos	es	Distr	n Leader/Agent rict rian Service Ce			
Full Name						
Name with initials						
Address						
Date of Birth						
National Identity card	No					
Telephone no						
e-mail address						
Age						
Sex	Male	Fe	male			
Civil Status	Marrie	d I	Jnmarried Jnmarried	\neg		
If married name of sp						
Telephone no						
If employed, name of	the institution					
Residential Details fo (Addresses) Educational Qualifica G.C.D (O/L)					Year	
Subject	Result		Subject		Result	
Details of Previous En	nployment	Period		D	San Lancium	
Name of Institution		Period		Keason 1	or leaving	
Have you ever served If "Yes"	in any insuranc	e institution	Yes		No	
Name of Insurance I	nstitute	Period	Code No		Date & reason for leaving	
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Designation Address Telephone no Name Designation Address Telephone no I certify that the information given in this application is true & correct & I agree that should this declaration be false in any respect the board is at its liberty to terminate this post without any prior intimation. Signature Date Recommendation of Team leader Signature Date Recommendation of Business Development Manager Signature Date Recommendation of Deputy/Assistant Director Signature Date Approval: Assistant Director (Marketing).]	Language skills								
Reading 2 Writing 3 Has ever been any proceeding of any nature ever taken against you in any law court If "Yes" details Details of bank account Account no Name of bank Name of branch Non relative referees Name Designation Address Telephone no I certify that the information given in this application is true & correct & I agree that should this declaration be false in any respect the board is at its liberty to terminate this post without any prior intimation. Signature Date Recommendation of Team leader. Signature Date Recommendation of Business Development Manager Signature Date Recommendation of Deputy/Assistant Director Signature Date Approval: Assistant Director (Marketing).			Sinhala	English	Tamil					
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Signature Date	3.	Signature Recommendation of Deputy/Ass	sistant Director		Date Date					

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Are/Were any of your family members in the service of AAIB