The Sri Lanka Tourism Development Authority

APPLICATION FORM

Post Applying :…………………………………………………………………….

1. Personal Details

1.1 Full Name : Mr./ Ms. ………………………………………………………….

1.2 Name with Initials : …………………………………………………………….

1.3 Date of Birth : ……………………… 1.4 Age as at 05.02.2024: Y…… M …… D …….

1.5 Residence Address : …………………………………………………………….

………………………………………………………………….

1.6 Postal Address : …………………………………………………………….

………………………………………………………………….

1.7 Mobile No. : …………………………………………………………….

1.8 Residence Tel. No. : …………………………………………………………….

1.9 National Identity Card No. : …………………………………………………………

2. Educational Qualifications:

2.1 Bachelor's Degree

Degree	University/ Institute	Valid Date	Copy of the certificate to be attached
			Annexure (…)
			Annexure (…)

2.2 Master's Degree

Master's Degree	University/ Institute	Valid Date	Copy of the certificate to be attached
			Annexure (…)
			Annexure (…)

2.3 Doctorate

Doctorate Degree	University/ Institute	Valid Date	Copy of the certificate to be attached
			Annexure (…)
			Annexure (…)

2.4 Diploma/ Higher Diploma

Diploma/ Higher Diploma	University/ Institute	Duration			Copy of the certificate to be attached
		From	To	No. of months/ Years	
					Annexure (…)
					Annexure (…)
					Annexure (…)

2.5 Certificate Courses

Certificate Course	Institute	Duration			Copy of the certificate to be attached
		From	To	No. of months/ Years	
					Annexure (…)
					Annexure (…)
					Annexure (…)

3. Professional Qualifications:

Membership obtained	Institute	Valid Date	Copy of the certificate to be attached
			Annexure (…)
			Annexure (…)
			Annexure (…)

4. Work Experience:

Years & Months		Position	Organization	Copy of the certificate to be attached
From	To			
				Annexure (…)
				Annexure (…)
				Annexure (…)

5. Other Skills and Performances:

	Area of acquired skills/ Performances	Copy of the proof documents to be attached
		Annexure (…)
		Annexure (…)

6. Details of Two Non Related Referees

6.1 Name : ……………………………………………………………………………..

    Address : …………………………………………………………………………….

    Contact No. : ……………………………………………………………………………

    Email : ……………………………………………………………………………

6.2 Name : …………………………………………………………………………….

    Address : …………………………………………………………………………….

    Contact No. : ……………………………………………………………………………

    Email : ……………………………………………………………………………

I do hereby certify that the above particulars furnished by me are true and correct to the best of my knowledge and forward the same for your kind consideration.

………………………………
Signature of the applicant

………………………
Date

The Sri Lanka Tourism Development Authority
APPLICATION FORM

Post Applying : …………………………………………………………………………………..

1. Employee Details

1.1 Name: …………………………………………………………………………………………….

1.2 EPF Number: …………………………….. Division: ……………………………………….

1.3 Designation: ..………………………………………………………………………………

2. Educational Qualifications

2.1 Bachelor's Degree

Degree	University/ Institute	Valid Date	Copy of the certificate to be attached
			Annexure (…)
			Annexure (…)

2.2 Master's Degree

Master's Degree	University/ Institute	Valid Date	Copy of the certificate to be attached
			Annexure (…)
			Annexure (…)

2.3 Doctorate

Master's Degree	University/ Institute	Valid Date	Copy of the certificate to be attached
			Annexure (…)
			Annexure (…)

2.4 Diploma/ Higher Diploma

Higher Diploma/ Diploma	University/ Institute	Duration			Copy of the certificate to be attached
		From	To	No. of months/ Years	
					Annexure (…)
					Annexure (…)
					Annexure (…)
					Annexure (…)

2.5 Certificate Courses

Certificate Course	Institute	Duration			Copy of the certificate to be attached
		From	To	No. of months/ Years	
					Annexure (…)
					Annexure (…)

3. Professional Qualifications:

Membership obtained	Institute	Valid Date	Copy of the certificate to be attached
			Annexure (…)
			Annexure (…)
			Annexure (…)

4. Work Experience:

4.1 Work experience prior to SLTDA

Years & Months		Position	Organization	Copy of the certificate to be attached
From	To			
				Annexure (…)
				Annexure (…)
				Annexure (…)
				Annexure (…)
				Annexure (…)

4.2 Work experience at SLTDA

Duration			Division	Position	Category	Grade
From	To	No. of years & months				

5. Other Skills and Performances:

	Area of acquired skills/ Performances	Copy of the proof documents to be attached
		Annexure (…)
		Annexure (…)
		Annexure (…)

I do hereby certify that the above particulars furnished by me are true and correct to the best of my knowledge and forward the same for your kind consideration.

………………………………
Signature of employee

………………………
Date

………………………………
Head of the Department

………………………
Date