PHOTO

 **PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **SURNAME**  |  |
| **OTHER NAMES** |  |
| **PERMANENT ADDRESS** |  |
| **DATE OF BIRTH** |  | **GENDER**  |  |
| **HEIGHT** |  | **WEIGHT** |  |
| **NIC NO :** |  | **DATE OF ISSUE** |  |
| **PASSPORT NO :**  |  | **DATE OF EXPIRY** |  |
| **NATIONALITY**  |  |
| **FATHER’S NAME** |  |
| **MOTHER’S NAME** |  |
| **SPOUSE’S NAME** |  |
| **NAMES OF CHILDREN**  |  | **DATES****OF****BIRTH** |  |
| **MOBILE NO :** |  | **FIXED LINE NO**  |  |
| **EMAIL** |  | **OFFICE TP NO**  |  |

**NEXT OF KIN**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **DATE OF BIRTH** | **CONTACT NO** |
|  |  |  |  |

**MEDICAL HISTORY**

|  |  |
| --- | --- |
| **PREVIOUS ILLNESS OR ANY DISABILITY** |  |

**EDUCATIONAL QUALIFICATIONS**

**GENERAL CERTIFICATE OF EDUCATION / ORDINARY LEVEL**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL** |  | **YEAR** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUBJECT** | **GRADE** | **SUBJECT** | **GRADE** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**GENERAL CERTIFICATE OF EDUCATION / ADVANCED LEVEL**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL** |  | **YEAR** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUBJECT** | **GRADE** | **SUBJECT** | **GRADE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PROFESSIONAL QUALIFICATIONS**

**DIPLOMA**

|  |  |
| --- | --- |
| **NAME OF INSTITUTION** |  |
| **TITLE OF DIPLOMA** |  | **GRADE** |  |
| **START AND END OF TRAINING** | **FROM** |  | **TO** |  |
| **DATE OF ISSUE OF CERTIFICATE** |  |

**DEGREE**

|  |  |
| --- | --- |
| **NAME OF INSTITUTION** |  |
| **TITLE OF DEGREE** |  | **GRADE** |  |
| **START AND END OF TRAINING** | **FROM** |  | **TO**  |  |
| **DATE OF ISSUE OF CERTIFICATE** |  |

**INFORMATION ON ADDITIONAL PROFESSIONAL QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| **INSTITUTE AND CERTIFICATE**  | **FROM** | **TO** |
|  |  |  |
|  |  |  |
|  |  |  |

**INFORMATION OF EXPERIENCE OF EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYER / INSTITUTION** | **POSITION** | **FROM** | **TO** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NURSING REGISTRATION**  **NO:** |  | **AUTHORITY** |  |

**ANY ADDITIONAL QUALIFICATIONS**

|  |  |
| --- | --- |
| **INSTITUTE AND CERTIFICATE** | **ISSUED DATE** |
|  |  |
|  |  |

**REFERENCES**

|  |  |  |
| --- | --- | --- |
| **NAME** | **DESIGNATION / INSTITUTION** | **TELEPHONE NO** |
|  |  |  |
|  |  |  |

**OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROPOSED BY** | **INTERVIEWED BY** | **COMMENTS** | **DATE** |
|  |  |  |  |

I certify that I have given all information truthfully and to the best of my knowledge and am aware that false or incomplete information could be subject to prosecution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date City