PHOTO

 **PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **SURNAME**  |  |
| **OTHER NAMES** |  |
| **DATE OF BIRTH** |  | **PLACE OF BIRTH** |  |
| **CITIZENSHIP** |  | **GENDER** |  | **FAMILY STATUS** |  |
| **NIC NO :** |  | **DATE OF ISSUE** |  |
| **PASSPORT NO :**  |  | **DATE OF EXPIRY** |  |
| **HOME ADDRESS** |  |
| **CONTACT TP NOS :** |  |
| **EMAIL ADDRESS** |  |

**EDUCATIONAL QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL / INSTITUTE** |  | **TIME PERIOD** |  |
| **DEGREE** | **GENERAL CERTIFICATE OF EDUCATION / ORDINARY LEVEL** | **YEAR** |  |

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| --- | --- | --- | --- |
| **SCHOOL / INSTITUTE** |  | **TIME PERIOD** |  |
| **DEGREE** | **GENERAL CERTIFICATE OF EDUCATION / ADVANCE LEVEL** | **YEAR** |  |

**PROFESSIONAL QUALIFICATIONS**

**DIPLOMA**

|  |  |
| --- | --- |
| **NAME OF UNIVERSITY / INSTITUTE** |  |
| **TIME PERIOD (DD/MM/YY)** | **FROM** |  | **TO** |  |
| **TITLE OF DIPLOMA** |  |
| **DATE OF CERTIFICATE** |  |

**DEGREE**

|  |  |
| --- | --- |
| **NAME OF UNIVERSITY / INSTITUTE** |  |
| **TIME PERIOD (DD/MM/YY)** | **FROM** |  | **TO** |  |
| **TITLE OF DEGREE** |  |
| **DATE OF CERTIFICATE** |  |

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

**WORK EXPERIANCE**

|  |  |
| --- | --- |
| **EMPLOYER / INSTITUTION** |  |
| **JOB TITILE** |  | **FROM** |  | **TO** |  |
| **WARD** |  | **HOURS PER WEEK** |  |
| **TASK** |  |

|  |  |
| --- | --- |
| **EMPLOYER / INSTITUTION** |  |
| **JOB TITILE** |  | **FROM** |  | **TO** |  |
| **WARD** |  | **HOURS PER WEEK** |  |
| **TASK** |  |

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| --- | --- |
| **EMPLOYER / INSTITUTION** |  |
| **JOB TITILE** |  | **FROM** |  | **TO** |  |
| **WARD** |  | **HOURS PER WEEK** |  |
| **TASK** |  |

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| --- | --- |
| **EMPLOYER / INSTITUTION** |  |
| **JOB TITILE** |  | **FROM** |  | **TO** |  |
| **WARD** |  | **HOURS PER WEEK** |  |
| **TASK** |  |

**OTHER QUALIFICATIONS**

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**REFERENCES**

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

I hereby declare that I have given all information truthfully and to the best of my knowledge and ability.

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

 Signature Date Place

Name

**OFFICE USE ONLY**

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