

Specimen Application

Science Branch, Ministry of Education, Sri Lanka

Establishment of the Pool of Resource Persons for Science Programs

1. Personnel Details :

- (i) Name with initials: Prof./Dr./Mr./Mrs./Miss.....
.....
- (ii) Name denoted by initials:
- (iii) Date of Birth: Age: (as at 31.01.2019).....
- (iv) National Identity Card No :
- (v) Gender : Male Female
- (vi) Address: (If retired write the address of the place where you worked last)
(a) Official:..... (b) Private:.....
.....
.....
- (vii) Details of Contact
(a) Official:.....(b) Residentail:.....
(c) Mobile:.....(d) Fax:
- (viii) Details of Employment :
(a) Working in an institution at present (b) Retired (mark ✓)
Present/retired post:.....
Institute:.....
Date of appointment to the present post:.....
Service & grade:.....
Date of appointment to the service:.....
If retired, date of retirement:.....
If you are teacher, mention the followings
Province: Zone:
Which Subjects taught:
Grades:
Medium :.....(Sinhala/English/ Tamil)

2. Academic Qualifications:

No	Degree / Diploma/Etc.	University/ Institute	Effective Date	Main Subjects

3. Professional Qualification:

No	Name of the Course	Institute	Duration	Main Subjects

4. Working Experience:

No	Institute	From - To	Subjects	Grades

5. Previous Experience as a resource person:

No	Programme / Activity	National/ Province / Zone /School/Others

6. Area of preference to work as a resource person

(i) Capacity Development Programs-

(ii) National Olympiad / ICYS Training Pool –

(iii) Research Programs-

(iv) O/L teacher training programs -

(v) A/L teacher training programs –

Biology - Chemistry - Physics - Science for Technology -

(iv) O/L, A/L paper analysis, syllabus analysis programmes/Paper Setting -

(v) Any other:-

.....

7) Medium that is able to work

(i) Sinhala -

English

Tamil

8) Declaration

I do hereby declare that the information furnished above is true & correct to the best of my knowledge and belief.

.....

Date

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Signature of the Applicant

9) Recommendation

I certify that the information provided in the application form from 01 to 08 with regard to the above named applicant is true and he/she is eligible for Science Programs as a resource person and he/she is in sound health.

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Date

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Signature of the Head of the Institution