(Speciman Applicatior	1
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District:	

## Application for Training at the Department of Multi-purpose Development Task Force

24	Niama atela															
	Name with															
	Initials:														l l	
02	. Name in Full		<del>                                      </del>				1 1			1	1				I	
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03	. Permanent															
	Address															
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		Land Line:														
04	. Telephone															
	Number	Mobile:														
05	. Date of Birth															
	5.1. Age as at 1	5 02 2020	Years		Months		Days		7							
	J.1. Age as at 1.	3.02.2020					, -									
00	National Identity C	Courd Number	Г													
06	. National Identity (	.ard Number														
	6.1. Driving License	e Number (if ar	ny)													
	(Heavy Vehicles/ D	Oual Purpose Ve	ehicles/ Ag	gro Vehi	icle Perr	nits)										
07	. Gender			Fema	ale	Male										
	(Put "X" in the rele	evant hov)														
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	<ol> <li>Civil Status</li> <li>ut "X" in the relevar</li> </ol>	nt box)		IVIAIT	ica o	- IIIII										
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	8.1. Job of the S	Spouse (If Marr	ied)													
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	8.2. Number of	Children aged	below 18 y	years												
20	Darticulare of man-	ore with anasi-	d noods (14	f 2014)												
JY.	Particulars of memb	iers with specia	ii rieeas (II	i dily)												
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10. Whether it is a Samurdhi beneficiary family (Put "X" in the relevant box)	Yes No
If yes, the amount of the grant received:	
11. Required language medium for the training	Sinhala Tamil
(Put "X" in the relevant box)	
12. Residence	
12.1 District	
12.2. Divisional Secretariat Division	
12.3. Grama Niladhari Division	
13. Educational Qualifications (Indicate the grade y	you have studied up to)
15. Fields of training applied for:	
Indicate in order of merit fields matching t	the employment opportunities available in the area of your choice or in
your residential area based on the fields of training	g specified in this notification.
Serial Number of the List of Training Field	Training Fields of Your Choice
	d conditions stated in the notification calling for applications and that I
	this training and that information stated above are true and correct to
the best of my knowledge.	
Signature of the Applicant	Date