FOR OFFICE USE
(Application No.)



FOR	OFFICE USE

(Index No.)

## NATIONAL APPRENTICE AND INDUSTRIAL TRAINING AUTHORITY INSTITUTE OF ENGINEERING TECHNOLOGY – KATUNAYAKE

## APPLICATION FOR THE RECRUITMENT OF SPECIAL APPRENTICES IN ENGINEERING FOR NATIONAL DIPLOMA IN ENGINEERING SCIENCES (NDES) COURSE – 2023 BATCH

1.	Name in Full: (Fill in block letters)
	(Eg. ARACHCHILAGE SASEN CHAMARA FERNANDO)
2.	Name with Initials:
	(Eg. A.S.C. FERNANDO)
3.	Address: (Fill in block letters)
4.	Telephone No.: Mobile: Residence :
5.	E-mail Address:
6.	District:
7.	Divisional Secretariat:
8.	Grama Niladhari Division: Division Number
9.	Date of Birth:  (i) Date Month Year
	(ii) Age as at 31/12/2022: Months Years
0.	Sex: Male $-0$ Female $-1$ (Write the relevant number inside the cage.)
1.	NIC No.
2.	Nationality:
3.	Educational Qualification: Index No. Year

(i) G.C.E. (O/L)

S.No.	Subject	Grade
1	Religion	
2	First Language	
3	Second Language (English)	
4	Science	
5	Mathematics	
6	History	
7		
8		
9		

Attempt	Year	Index No.				(Tick the relevan
						8
		-				
Result of	G.C.E. (A/L)	) Examination (Su	bjects Passe	ed in one sitt	ing)	
Year					-	
Index No.						
Z-Score Ma	arks					
Medium						
Medium			Physics	Chemistry	English	Common General Test
Subject		Combined Mathematics	Tilysics			marks

14. Order of preference of fields of specialization:
(Mark from 1 to 9 based on order of preference)

Serial No.	Field	Code	Preferences
1	Civil - Building & Structural Engineering	СВ	
2	Civil - Highway & Railway Engineering	CH	
3	Civil - Water & Environmental Engineering	CW	
4	Electrical - Network & Communication Engineering	EN	
5	Electrical - Electrical Power Engineering	EP	
6	Mechanical - Automotive Engineering	MA	
7	Mechanical - Production Engineering	MP	
8	Mechanical - Marine Engineering	MM	
9	Mechanical - Building Services Engineering	MB	

I do hereby certify that the information furnished above is true and correct and confirm to the qualifications laid in the advertisement and I have not registered for full time Degree or Diploma in a University or any other Government Academic Institutions. I hereby state that I am prepared to accept discontinuance from the training programme without any claim for compensation, if any of the above information is found to be false or inaccurate even after the commencement of the training programme. Further, I do agree to abide by the rules and regulations imposed by the Commissioner General of Examinations on Conducting the Examination and on releasing results.

Date	Signature of Applicant
(Please affix the scanned	copy of payment receipt)

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Within/Exceeded
Adequate/inadequate
Complete/incomplete
Approved by