

Application for the Post of Management Trainees to Specialized Areas – Risk, Audit, Finance, Compliance and Business Revival						
Personal Information						For Office use only
Full Name						
Name with Initials						
Date of Birth	DD	MM	YYYY			
Age						
Gender						
NIC No						
Mobile No (1)						
Mobile No (2)						
Personal E-mail						
Permanent Address						
Professional Qualification						
Qualification (One of the following professional bodies)				Effective Date	If available please mark (✓)	
Full qualification (Passed Finalist)	The Institute of Chartered Accountants of Sri Lanka (ICA-SL)			DD/MM/YYYY		
	The Association of Chartered Certified Accountants (ACCA-UK)			DD/MM/YYYY		
	The Chartered Institute of Management Accountants of UK (CIMA-UK)			DD/MM/YYYY		
Minimum Level II qualification	Chartered Financial Analyst (CFA)			DD/MM/YYYY		
Other Qualifications						
Name of the Qualification		Institute/University		Overall Result	Effective Date	
					DD/MM/YYYY	
					DD/MM/YYYY	
Work Experience						
Present						
Company	Designation	Duration		Nature of Duty		
		From	To			
		DD/MM/YYYY	DD/MM/YYYY			
		DD/MM/YYYY	DD/MM/YYYY			
Non-Related Reference Details						
Name						
Designation						
Organization						
Mobile						
E-mail						
Declaration						
I hereby confirm that the above-provided information is true, accurate, and complete to the best of my knowledge and belief.						
Signature			Date	DD	MM	YYYY