

RUHUNU TOURIST BUREAU

APPLICATION FOR

TOURIST GUIDE LECTURERS' TRAINING PROGRAMME

Course Applied for: Area

Year :

(A) PERSONAL PARTICULARS

Full Name : Mr. /Miss./Mrs.....
(As indicated in NIC/Birth Certificate, to be filled in capital letters and please underline the surname.)

Permanent Address :
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.....

Postal Address :
.....
.....

NIC No. :

Tel No. (Office):

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Date of Birth :
Date Month Year

Mobile No. :

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Age as at closing date (2026.03.31)
Days Months Years

E-mail Address :

Sex : Male ☐ Female ☐

Marital Status : Single ☐ Married ☐

Citizenship : Sri Lankan ☐
Other
(Please Specify)

(B) EDUCATIONAL QUALIFICATIONS

GCE (Ordinary Level)

Year :

Index No :

Year :

Index No :

GCE (Advanced Level)

Year :

Index No :

Subject	Grade

Subject	Grade

Subject	Grade

(C) HIGHER EDUCATIONAL / PROFESSIONAL QUALIFICATION

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.....

(D) ANY OTHER QUALIFICATIONS

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(E) KNOWLEDGE OF FOREIGN LANGUAGES (Please state whether Excellent, Good or Average)

Language	Speaking	Reading

(F) EMPLOYMENT DETAILS

Name of the Institution	Position/s held	Period of the service	
		From	To

(G) LIST OF NON RELATED REFEREES with Name, Address, Designations & The Telephone No. of Each

(i)	(ii)
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(H) ANY OTHER INFORMATION YOU WISH TO STATE

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(I) DECLARATION

I certify that the particulars given above are true to the best of my knowledge. I understand that if I make a false declaration, I will be liable for disqualification or if already admitted for expulsion from the course of study. I also certify that I am mentally and physically fit and free of communicable diseases and not convicted of an offence under the penal code.

Date :

Signature of Applicant :