

[illegible]

17. EMPLOYMENT HISTORY (LAST EMPLOYER FIRST)

EMPLOYER	POSITION HELD	PERIOD
Debug Creative Lab	Associate Software Engineer	1.3 years
Paragon software Lanka	Associate Software Engineer	1.5 years
Antler IT Solution	Software Engineer	1.7 years
CAMMS	Software Engineer	4.5 Months

18. TERTIARY EDUCATION (ACADEMIC)

QUALIFICATION	NAME OF INSTITUTE	DATE AWARDED	GRADE
Bsc In IT	Kotelawala Defense University	2017	3.29 GPA

19. PROFESSIONAL QUALIFICATIONS

QUALIFICATION	NAME OF INSTITUTE / PROFESSIONAL BODY	DATE AWARDED	GRADE

20. DETAILS FOR MEDICAL INSURANCE COVER (ONLY FOR PERMANENT STAFF MEMBERS)

SPOUSE/CHILDREN NAME(S)	RELATIONSHIP TO EMPLOYEE	DOB	NIC	OCCUPATION

21. MEDICAL DECLARATION

PLEASE CHOOSE YOUR ANSWER TO EACH QUESTION

1. ARE YOU SUFFERING FROM A MEDICAL CONDITION, ILLNESS OR INJURY, INCLUDED SPORTS RELATED INJURY? NO

2. ARE YOU CURRENTLY TAKING MEDICATION? **NO**

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS ABOVE PLEASE PROVIDE FULL DETAILS OF:

MEDICAL CONDITION(S) & MEDICATION:

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SIGNATURE OF THE ASSOCIATE

22. PERSONAL BANK ACCOUNT DETAILS (FOR SALARY TRANSFER)

ACCOUNT NO

1	0	1	1	5	7	3	5	8	9	9	2	
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ACCOUNT NAME

G	H	M	D	D		L	A	K	S	H	A	N					

ACCOUNT TYPE SAVINGS ☒ Y CURRENT ☐

BANK NAME

S	A	M	P	A	T	H		B	A	N	K						
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BRANCH

B	A	M	B	A	L	A	P	I	T	I	Y	A					
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DOCUMENT CHECK LIST (PLEASE PROVIDE PHOTOCOPY OF EACH WITH THIS FORM)

2 COPIES OF YOUR NIC	<input checked="" type="checkbox"/>	
BIRTH CERTIFICATE	<input type="checkbox"/>	
EDUCATIONAL QUALIFICATIONS (SECONDARY/TERTIARY)	<input type="checkbox"/>	
OTHER PROFESSIONAL QUALIFICATIONS / CERTIFICATIONS	<input type="checkbox"/>	
RESIGNATION ACCEPTANCE LETTER FROM THE PREVIOUS EMPLOYER (IF APPLICABLE)	<input type="checkbox"/>	
MARRIAGE CERTIFICATE (IF APPLICABLE)	<input type="checkbox"/>	

I CERTIFY THAT THE INFORMATION SUBMITTED ABOVE ARE CORRECT AND I AUTHORIZE THE COMPANY TO SEND MY SALARY DIRECTLY IN TO THE ABOVE BANK ACCOUNT NUMBER UNTIL FURTHER NOTICE.



SIGNATURE OF EMPLOYEE