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STAFF DATA FORM

Photo

Fill the Block letters

01. NIC No :

02. Title : ☐ *Mr.* ☐ *Mrs.* ☐ *Miss.* ☐ Other

03. Name with Initials :

Ex - A.B.C. PERERA

04. Full Name :

05. Date of Birth : Date Month Year

06. Gender : ☐ **Male** ☐ **Female**

07. Designation :

08. Office :

09. Mobile No :

10. Office Telephone No :

11. E mail address :

12. Type of the designation : ☐ *Permanent* ☐ *Casual* ☐ *Contract*

13. Service :

14. Class : *Special* *Supra* *1* *11* *111*

15. Date of the first appointment : Date Month Year

16. Appointed Date of the Current designation : Date Month Year

17. Signature : .....