## Ministry of Home Affairs <u>Nila Mehewara Programme- Application for Announcers</u>

01. Name:-			
02. Post and the workplace:-			
03. Department/Ministry attached to:			
04. Date of appointment to public service and the post:-			
05. Address: Official:-		Private: -	
06. Telephone: Office:-		Mobile:	Home:
07.1	N.I.C. No:	08. Age:-	
09.Gender/Sex:		10.Civil Status:	
11.Name of the spouse, employment and workplace, telephone:			
12.Highest educational qualifications achieved:			
13. Courses followed:-			
#	Name of the Course	Institution	Time Duration
01			
02			
03			
04			
14. Knowledge on Languages:- (Write of the relevant "Word" in front-			
Good/Average/Weak)			
14.1. Sinhala:			
Speaking: Reading:			Listening &
Understanding:			
14.2. Tamil: Speaking: Reading: Listening &			Listening &
Understanding:			
14.3. English:			
Speaking: Reading: Listening & Understanding:			
15. How were you trained as an Announcer/Presenter?			
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16. From which year have you been involved in announcing activities?			
17. Do you receive invitations from various institutions and meetings for announcing			
activities?			
18. In how many programmes conducted by your office have you participated as an			
Announcer?			
18.1. What is the last programme you participated in the capacity of an Announcer?			
19. Details of several programmes in which you have participated as an Announcer			
except the above programmes:- (Indicate the organizing institution, the programme, location where the programme was conducted)			
programme, rotation where the programme was conducted,			
20. Which type of programme would you prefer to participate as an Announcer for?			
21. The language mediums in which you can perform announcing activities? (Mark with			
a tick (✓)			
Sinhala: English: English:			
22. Have you participated in announcing competitions? Have you secured any wins in			
such programmes? Give details:-			
I hereby declare that the details furnished above are true and correct.			
Date:			
Signature of the Applicant			
Attestation of the Head of Department			
I hereby certify that Mr. /Mrs. /Miss.			
Department/Secretariat and the details provided in the application are correct.			
Date:			
Head of Establishment (Signature and Official Stamp)			
For office use only			

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