



**Institute of Sports Science - W.P**  
**Information Form of Lecturers and Trainers**

Photo

Subject to lecture / trainings in the Western Province Sports Institute -

Subject No -

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**01. Personal Information**

1. Name - .....
2. Personal Address - .....
3. Email Address - .....
4. Date of Birth - ..... 5. Age - .....
6. National Identity Card Number - ..... 7. Gender - .....
8. Telephone Number Mobile - ..... 9. House - .....
10. Viber / Imo / Whatsapp - .....
11. Other telephone numbers to be notified in case of emergency - .....

**02. Official Information**

1. Government Agency (Public / Private / Semi Government) - .....
  2. Place of work - .....
  3. Designation - .....
  4. Service Category - ..... 5. Grade - .....
  6. Address of the workplace - .....
  7. Telephone number of the workplace - .....
- (Attach certified copies of the service)

03. Highest Educational Qualification & Institution - (Attach PhD / Special Degree / Degree / A Level / O / L  
- Certified Copy)

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04. Other Educational Qualifications - (Please specify from the highest educational qualification - Attach  
certified copies)

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05. Highest Professional Qualifications - (Attach certified copies)

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06. Other Professional Qualifications - (Attach certified copies)

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07. Practical Experience, Duration as a Lecturer - (Attach certified copies) - .....

08. Experience in the subject area, duration - (Attach certified copies) - .....

09. Information on lectures and training

| <b>institution</b> | <b>Designation</b> | <b>The nature of training</b> | <b>Duration</b> |
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Let me state that the above information is true and correct

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Date

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Signature

For office use

Based on the above information,  
I would recommend that be a lecturer / coach  
at the Sports Institute and submit it for approval.

Janak Liyanage  
Administrative Superintendent  
Institute of Sports Science

I do not approve / disapprove of  
being a Lecturer / coach.

Secretary / Assistant Secretary  
Ministry of Sports  
Western Province  
Date -

