

National Insurance Trust Fund Board

No. 97, Maradana Road, Colombo 10.

Official Use

Application for e-card-Agrahara Member Ship No:

File No:

Passport Size

il que	stions should be answered in English block letters as these date is requested for computerization
01.	Name with Initial (Rev. Mr / Mrs / Miss) :-
02.	Name Denoted by Initials:-
03.	Permanent Address:-
04.	National Identity Card No:-
05.	D D M M Y Y Y Y Date of Birth :-
06	Present Occupation:-
00-	
	i. Public Service i. Provincial Public Service
	Whether it is permanent and pensionable / Entitled to a contributory Pension Yes No D M M Y Y Y Y
07.	Date of first Appointment :-
08.	Name of the Department / Ministry and Provincial Council :-
2	
09.	Official Address:-
10.	Contact Numbers:-
ь	Office :- Mobile :-
	Home:-
11.	Email Address:-
12.	Bank Details:- i) Name of the Bank:-
	ii) Bank Branch:-
	iii) Account Number :-

13.	Civil Status:-
	Married :- Unmarried :-
14.	Name of Spouse (If Married) :-
	Age:- D D M M Y Y Y Y N.I.C. No.
15.	Work place (Department/Institute) of the Spouse:
16.	Name of the Unemployed Children (below 21 years) Date of Birth Relationship
	D D M M Y Y Y Y Son/Dauhter
I.	
. п.	
m.	
IV.	
•••	
V.	
VI.	
17. I.	If Unmarried, parents below 70 years . Date of Birth
	D D M M Y Y Y
11.	Mother's Name D D M M Y, Y Y Y
£	
.3	Are you & Dependents in good health? If not Give details:-
2 19 10	
1 114	ere by certify that the above details are true and accurate.
	nature of the Applicant Name & Signature of the Head of Department
Dat	te:(Rubber Stamp)
	Please attache the certified copies of the following documents.
1.	Birth Certificate (Member and Dependents)
2. 3.	National Identity Card Marriage Certificate (If Married)
4.	Salary slip of the Previous month
5.	Appointment Letter