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ஊழியர்நம்பிக்கைப் பொறுப்புநிதியச் சபை
EMPLOYEES' TRUST FUND BOARD



Application Form to provide Financial Assistance for Vocational Training Courses

For ETF Board use only

To be completed by current Employer (Part IV)

1. Name of Employer/Estate and address: Hemas Hospitals (Pvt) Ltd
No 389, Negombo Road,
wattala

2. Full name of the Member: Marasingha Mudiyanse Lage Lasantha
Maniula Kumara

3. Member's NIC No:

1	9	8	3	2	6	9	0	0	2	9	5
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4. Employer No: 41911/AS Member No: 3777

5. Date of appointment:

1	0
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0	3
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2	0	2	2
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6. Contribution during the 12 months proceeding in the month in which this student sat the GCE A/L examination. (If the contribution have been credited through e-service, it is not necessary to complete this section and it is sufficient to make a note that the contribution have been paid through e-service)

Year	Month	Member's Contribution Amount	Date	R1 or R4
2022	February	} Contribution have been Credited through e - service		
2022	March			
2022	April			
2022	May			
2022	June			
2022	July			
2022	August			
2022	September			
2022	October			
2022	November			
2022	December			
2023	January			

I certify that the information furnished above is true and correct. Also certify that I am aware that if I furnish or cause to be furnished any false return or information relating to this claim I shall on conviction be liable to a fine or imprisonment under Section 39 of the Employees' Trust Fund Act No. 46 of 1980.

Name of the Employer - Hemas Hospitals (Pvt) Ltd

Address - No 389, Negombo Road, wattala

Tel: No

0	1	1
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7	8	8	8	8	8	8
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Signature

04.12.2023

Date

Name of the Signatory - Gayani Mannapperuma

Designation - Executive - Compensation and Benefits

