

II කොටස / பகுதி II / PART (II) :-

සෞඛ්‍ය විභාගයට පෙනී සිටින අවස්ථාව වන විට සාමාජිකයා සේවය කරන ආයතනයේ ප්‍රධානියා විසින් සම්පූර්ණ කළ යුතුයි

மாணவர் புலமைப்பரிசில் பரீட்சைக்குத் தோற்றியபோது, அங்கத்தவர் தொழில்புரிந்த நிறுவனத்தினால் பூரணப்படுத்தப்படவேண்டியது.

To be completed by the Employer of the member ,At the time of the student sat for the scholarship Examination

01. ආයතනයේ නම/ நிறுவனத்தின் பெயர் / Name of Company / Estate / Institution :-

State Timber Corporation.

02. ආයතනයේ ලිපිනය /நிறுவனத்தின் முகவரி /Address :

82 Rajamalwatha road
Baththaramulla.

03. දුරකථන අංකය /தொலைபேசி இலக்கம்/ Telephone No :-

037 22 22456
037 22 60909

04. සාමාජිකයාගේ සම්පූර්ණ නම / அங்கத்தவருடைய முழுப் பெயர் / Full Name of Member :-

සමාජ ඉදිරියේ ලාභී නම ලිපිනය සමාජය

05. සාමාජිකයාගේ ජාතික හැඳුනුම්පත් අංකය

அங்கத்தவருடைய தேசிய அடையாள அட்டையின் இலக்கம்
Member's National Identity Card No

731011982v

06. i ආයතනයේ සේ.අ.අ. අංකය හෝ පු.අ.අ. අංකය /ஊழியர் சேமலாப நிதியம் அல்லது தனியார் சேமலாப நிதிய பதிவு இலக்கம்/Employers EPF/PPF Registration Number/සාමාජික අංකය/அங்கத்துவ இலக்கம்/Member Number

5167/A

Employers No

8033

Member Number

ii. නைතූර/பதவி/Designation: 25/06/2016 2016/06/2016



Department of Examinations : Examination Results

Examination : Grade 5 Scholarship Examination

Year : 2023

Index Number : 2718162

Name : RATHNAYAKA MUDIYANSELAGE DAMIDU NIDUWARA
RATHNAYAKA

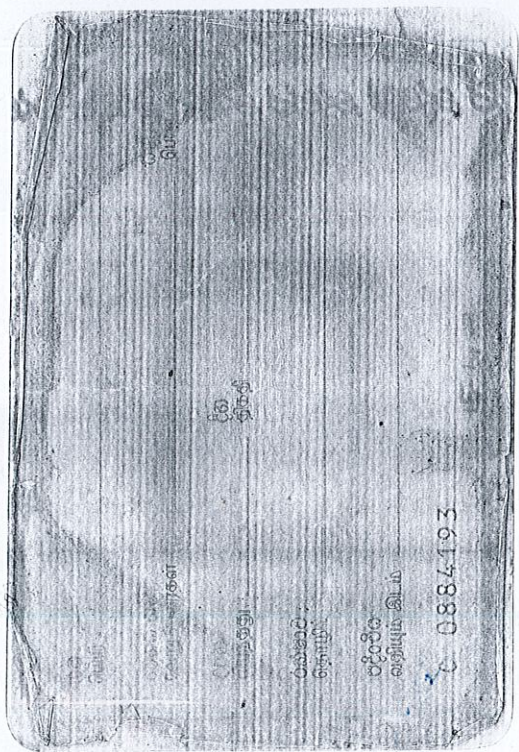
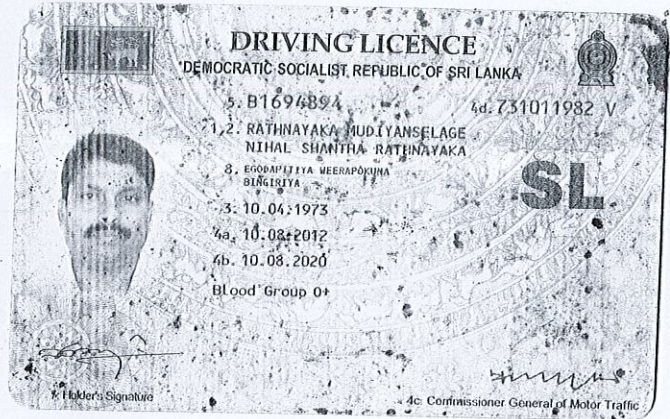
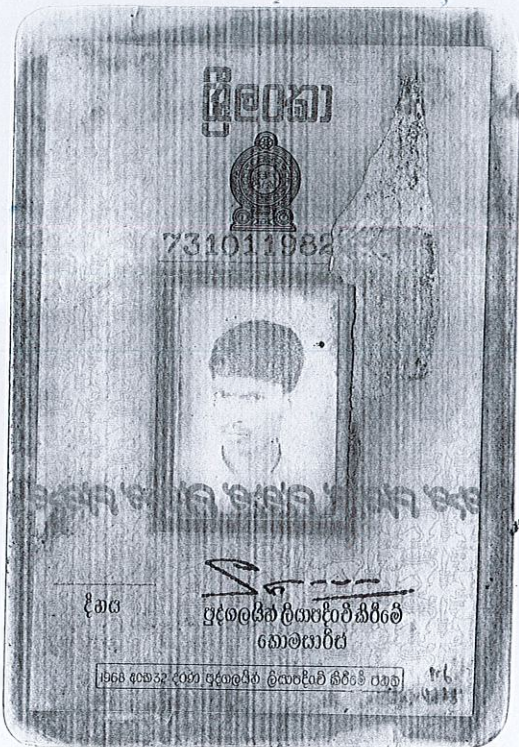
Subjects

Subject	Results
Paper I & Paper II Marks	164

District/Medium Cut off Mark : 154

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1001682548

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A1		26.01.1993	10.08.2020	
A		26.01.1993	10.08.2020	
B1		22.06.1995	10.08.2020	
B		22.06.1995	10.08.2020	
C1		22.06.1995	10.08.2016	
C		22.06.1995	10.08.2016	
CE		22.06.1995	10.08.2016	
D1		22.06.1995	10.08.2016	
D		22.06.1995	10.08.2016	
DE				
G1		26.01.1993	10.08.2020	
G		22.06.1995	10.08.2020	
J		22.06.1995	10.08.2016	

1. Surname
2. Other name
3. Date of birth
4a. Date of issue of the LICENCE
4b. Date of expiry of the LICENCE
4c. Issuing authority
4d. Administrative number
5. Number of the LICENCE
7. Signature of the holder
8. Permanent place of residence
9. Categories of vehicles
10. Date of Issue per category
11. Date of Expiry per category
12. Restrictions in-ride form

Department of Motor Traffic - Sri Lanka

මුද්‍රිත කොපි ප්‍රකාශන කොටස
කොපි 22 කොපි 2020

ප්‍රදේශිත කළමනාකරු
රාජ්‍ය දැව සංස්ථාව
කරුණාමල