

**CAPACITY BUILDING TRAINING PROGRAMME FOR**

**SRI LANKAN GEM AND JELLERY INDUSTRY**

**1 – 20 DECEMBER 2025**

**INDIAN INSTITUTE OF GEM AND JEWELLERY (IIGJ), JAIPUR, INDIA**

**APPLICATION FORM**

**FOR OFFICE USE ONLY**

**NAME OF THE TRAINING PROGRAMME**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FORM NO** |  |  |  |  |  | **GEM FACETTING AND POLISHING**  |
| **DATE OF SUBMISSION** |  |  |  |  |  |  |
| **PARTICIPANT NO** |  |  |  |  |  |  |

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| --- |
| 1. **PERSONAL INFORMATION OF THE APPLICANT**
 |
| **FULL NAME** **(IN BLOCK CAPITAL LETTERS)** |  |
| **NAME WITH INITIALS**  |  |
| **N.I.C. NUMBER** |  | **PASSPORT NUMBER** |  |
| **DATE OF EXPIRY** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| **PERMANENT ADDRESS** **(RESIDENCE/ BUSINESS)** |  |
|  |
| **DISTRICT** |  | **MALE** |  | **FEMALE** |  |
| **TELEPHONE (O)** |  | **E MAIL 1** |  |
| **TELEPHONE (M)** |  | **E MAIL 2** |  |
| 1. **EDUCATIONAL QUALIFICATIONS/ PROFESSIONAL QUALIFICATIONS**
 |
| **HIGHEST EDUCATIONAL QUALIFICATION**  | **GCE O/L** | **GCE A/L** | **OTHER** |
| **YES** | **NO** | **YES** | **NO** | **YES** | **NO** |
| **PROFICIENCY IN ENGLISH LANGUAGE**  |  | **GCE O/L** | **GCE A/L** | **OTHER** |
|  | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** |
| **WRITING ABILITY** | **ORAL ABILITY** |
| **Good** | **Fair** | **Poor** | **Good** | **Fair** | **Poor** |
| **QUALIFICATIONS AND EXPERIENCE IN GEM CUTTING AND POLISHING** | **GEM CUTTING CERTIFICATE COURSE/ NVQ LEVEL 4** |  | **GEM CUTTING ADVANCED TRAINING PROGRAMME** |  |
| **3. EXPERIENCE IN GEM CUTTING AND POLISHING** |
| **ARE YOU A SOLE PROPRIETOR / FREELANCE GEM CUTTER?** | **YES** | **NO** |
| **NUMBER OF YEARS OF WORKING IN GEM CUTTING AND POLISHING**  |  |
| **NGJA LAPIDARY LICENCE NUMBER (IF AVAILABLE)**  |  | **NGJA GEM DEALER LICENCE** **(IF AVAILABLE)** |  |
| **ARE YOU AN EMPLOYEE OF GEM LAPIDARY? IF SO, NUMBER OF YEARS EMPLOYED IN THE COMPANY** |  |
| **COMPANY NAME AND ADDRESS** |  | **NGJA GEM DEALER LICENCE NUMBER/ LAPIDARY LICENCE NUMBER** |  |
| **NO OF LAPIDARISTS IN DIRECT EMPLOYMENT** |  | **EMPLOYEMENT ON SUB CONTRACT BASIS** |  |
| **NUMBER OF YEARS IN THE EMPLOYMENT** |  |  |  |
| **4. HEALTH CONDITION** |
| **Is the applicant currently in good health condition ?**  | **YES** | **NO** |
| **Is the applicant physically and mentally fit to undergo intensive training away from home?**  | **YES** | **NO** |
| **Is the applicant free from infectious diseases (e.g., tuberculosis, trachoma, skin diseases, etc)?** | **YES** | **NO** |
| **Does the applicant have any chronic ailments requiring regular treatment or medication?**  | **YES** | **NO** |
| **If yes, please specify:** |
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|  |
|  |
| **Any abnormalities indicated in the chest X-ray:** | **YES** | **NO** |
|  **If yes, please specify:**  |
| **Does the applicant require any special assistance for daily activities?**  | **YES** | **NO** |
|  **If yes, please specify:**  |
| **5. DECLARATION**  |
| I hereby confirm that the above particulars are true and correct to the best of my knowledge. |
| **Signature of the applicant** **Date** |
| 6. REFERENCES (FROM THE GEM AND JEWELLERY INDUSTRY) |
| Reference 1:Name:Address:Contact Number: | Reference 2:Name:Address:Contact Number: |
|  |
| **NATIONAL GEM & JEWELLERY AUTHORITY****12, MACKSONS TOWER, ALFRED HOUSE GARDENS, COLOMBO 03, SRI LANKA.** **TEL+94 112390653** |