

**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)** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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: | | | | | | | | | | | | | | | | | | | | | |
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| **NATIONAL GEM & JEWELLERY AUTHORITY**  **12, MACKSONS TOWER, ALFRED HOUSE GARDENS, COLOMBO 03, SRI LANKA.**  **TEL+94 112390653** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |