



Sri Lanka Export Development Board
Ministry of Development Strategies and International Trade



Application for the Post of

1. Name in Full : Mr./Mrs./Miss

Name with Initials :

2. Postal Address:

Contact Telephone No :

E-mail Address :

3. National Identity Card No:

4. Date of Birth :

Age as at the closing date: Years:

Months:

Days:

5. Civil Status:

6. Whether Citizen of Sri Lanka:

7. Qualifications

a. G.C.E. (O/L) Examination

Year:

Index No:

Subject

Grade

Subject

Grade

b. G.C.E. (A/L) Examination

Year:

Index No:

Subject

Grade

c. Academic Qualifications:

Degrees/Diplomas	Class	University	Date of Commencement	Effective Date	Duration
1.					
2.					
3.					
4.					
5.					

d. Professional Qualifications:

Institution	Qualifications Obtained	Date of Commencement	Effective Date	Duration
1.				
2.				
3.				
4.				
5.				
6.				

8. Experience :

(a) Present Occupation :

1. Post & Salary Code :
2. Date of appointment to such post:
3. Whether confirmed in the present post:
4. Place of work with the Address:
5. Salary Scale of the post:
6. Present Salary
 - a. Basic Salary
 - b. Allowances

(b) Previous appointments if any, with dates

Department/Institution	Post	Salary Scale	From	To
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- i.
- ii.
- iii.
- iv.

9. (a) Period of experience gained as at the closing date of applications relevant to the post applied : _____

(b) If you have obtained no-pay leave during this period, state reasons and the period of such leave _____:

10. Other Achievements :

11. Names of two non related referees with addresses and Contact Nos.

<u>Name</u>	<u>Address</u>
1.
2.

12. Have you been convicted of a criminal offence in a Court of Law? If so, give details:

13. Copies of the following certificates (Not originals) should be attached:
P.S. Applications not supported by copies of these certificates will be rejected

- a) Birth Certificates
- b) Certificates of Educational Qualifications
- c) Certificates of Professional Qualifications
- d) Certificate of Experience

I do hereby certify that the particulars furnished by me in this application are true and accurate. I am also aware that, any particulars contained herein are found to be false or incorrect, I am liable to disqualified before selection or to be dismissed without any compensation if such detection is made after appointment.

Signature of Applicant

Date: _____

Certificate of Head of Department/ Institution

(Only for the applicants serving in the Public Service/ Government Corporations/ Statutory Boards.)

Chairman & Chief Executive- SLEDB,

I recommended and forward the application of Mr./ Mrs./ Miss. _____
_____holding the post of _____in this
institution. I certify that his/ her work and conduct are satisfactory and that he/ she has not been
subject to any disciplinary action. He/ She can be released/ cannot be released from service if
selected for this post.

Signature of Head of Department/
Institution
(Official Stamp)

Date: _____



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