



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 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. Schools Attended

S. No	Name of School	From	To
1.			
2.			
3.			

d. Academic Qualifications:

S. No	Degrees/Diplomas	Class	University	Effective Date	Duration
1.					
2.					
3.					
4.					
5.					
6.					

e. Professional Qualifications:

S. No	Institution	Qualifications Obtained	Effective Date	Duration
1.				
2.				
3.				
4.				
5.				
6.				

8. Experience :

	Designation/ Salary Code	Institute	Period (from/to)	Experience (years/month s/days)	Total Experience (As at the closing date)
a) Present Occupation (With Salary)					
b) Previous appointments if any					

9. Other Achievements :

S. No	Achievement	Year
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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

Name

Address

1.
.....
.....
.....

2.
.....
.....
.....

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

12. 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) Letters of Experience
- e) Copies of other achievement certificates

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 be 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.

Date: -----

Signature of Head of Department/
Institution
(Official Stamp)



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