



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



**Application for the Post of Driver (PL -3)**

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

Name with Initials:

2. Postal Address:

Contact No:

3. National Identity Card No:

4. Driving License No:

5. Date of Birth :   
 Age as at the closing date:    Years:     Months:     Days:

6. Civil Status:

7. Gender:                      Male                       Female

8. Whether Citizen of Sri Lanka:

**9. 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

### 10. Language Proficiency

	Reading			Writing			Speaking		
	Good	Average	Weak	Good	Average	Weak	Good	Average	Weak
Sinhala									
Tamil									
English									

### 11. 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					

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

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

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

**14.** 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: -----

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Signature of Head of Department/  
Institution  
(Official Stamp)