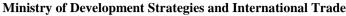


# **Sri Lanka Export Development Board Ministry of Development Strategies and International Trade**





#### **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.	· ·						
	a. G.C.E. (O/L) Examination Year: Index No:						
	Subject Grade Subject Grade						
<b>b.</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					

<u>Name</u>	Address				
1.	•••••••••••••••••••••••••••••••••••••••				
2.	•••••••••••••••••••••••••••••••••••••••				
13. Have you been convicted of a criminal offence in a Court of Law? If so, give details:					
<ul> <li>14. Copies of the following certificates (Not originals) should be attached: <ul> <li>P.S. Applications not supported by copies of these certificates will be rejected</li> </ul> </li> <li>a) Birth Certificates</li> <li>b) Certificates of Educational Qualifications</li> <li>c) Certificates of Professional Qualifications</li> <li>d) Letters of Experience</li> <li>e) Copies of other achievement certificates</li> </ul>					
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.					
Date:		Signature of Applicant			

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

## **Certificate of Head of Department/ Institution**

Boards.)	ce/ Government Corporations/ Statutory
Chairman & Chief Executive- SLEDB,	
I recommended and forward the application of Mr. / Mr	rs. / 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 rele	eased/ cannot be released from service if
selected for this post.	
	Signature of Head of Department/
<b>D</b>	Institution
Date:	(Official Stamp)