

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



### Application for the Post of .....

1.	Name in Full : Mr/Mrs./Mi	ss		
	Name with Initials:			
2.	Postal Address:			
	Contact No:	E-mail A	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. <u>G.C.E. (O/L) Examination</u> Year:	Ind	ex No:	
	Subject	Grade	Subject	Grade
	<b>b.</b> <u>G.C.E. (A/L) Examination</u> Year:	Ind	ex No:	
	Subject	Grade	]	

#### c. Schools Attended

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

#### **d.** Academic Qualifications:

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

#### e. <u>Professional Qualifications</u>:

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

## 8. Language Proficiency:

	Reading		Writing			Speaking			
Language	Good	Average	Poor	Good	Average	Poor	Good	Average	Poor
English									
Sinhala									
Tamil									

#### 9. 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					

#### 10. Other Achievements :

S.	Achievement	
No		
1.		
2.		

3.		
4.		
5.		
6.		
7.		
11. Na	mes of two non-related referees with ad	dresses and Contact Nos.
Nan	<u>Address</u>	<u>S</u>
	1	•••••••••••••••••••••••••••••••••••••••
2.		
<b>12.</b> Ha	ve you been convicted of a criminal offend	ce in a Court of Law? If so, give details:
<b>13.</b> Wh	nether your services have been previously	terminated/suspended? If so, give details:
<b>14.</b> Are	e there any disciplinary orders against you	? If so, give details:
	pies of the following certificates (Not origonal Applications not supported by copies of	
a) b) c) d) e)	Birth Certificates Certificates of Educational Qualification Certificates of Professional Qualification Letters of Experience Copies of other achievement certificate	ions

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is made after appointment.	
	Signature of Applicant
Date:	
Certificate of Head of Departn	nent/ Institution
(Only for the applicants serving in the Public Servic Boards.)	e/ Government Corporations/ Statutory
Chairman & Chief Executive- SLEDB,	
I recommended and forward the application of Mr. / Mrs	/ Miss
holding the post of	
institution. I certify that his/ her work and conduct are s	
subject to any disciplinary action. He/ She can be release	•
selected for this post.	ased, ediffict be released from service if
selected for this post.	
	G. CH. L.CD
	Signature of Head of Department/ Institution
Date:	(Official Stamp)

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