

STATE PHARMACEUTICALS MANUFACTURING CORPORATION

FOR THE POST OF.....

1. Full Name of the Applicant :
2. Name with Initials :
3. Permanent Address :
4. District :
5. Date of Birth :
6. Age as at Closing date of application : Years Months Days
7. Gender :
8. Civil Status :
9. NIC No :
10. Contact No :

11. **Educational Qualifications**

G.C.E (O/L) – YEAR

SUBJECT	GRADE	SUBJECT	GRADE

G.C.E (A/L) – YEAR

SUBJECT	GRADE	SUBJECT	GRADE

12. **Degree**

- i. Valid date of Degree :
- ii. University / Institution :
- iii. Degree / Subject :

13. **Postgraduate Qualification**

- i. Valid date of Postgraduate Degree / Diploma :
- ii. University / Institution :
- iii. Subject :

14. Professional qualifications :
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15. Other qualifications :
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16. Experience :
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17. Details of Non related referees :
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I hereby declare that the details given above are true and correct to the best of my knowledge and belief.

Date :

Signature :

Recommendation of Head of Department :

I hereby certify that Mr / Mrs / Ms is employed in this Ministry / Department / Corporation / Board as His / Her work and conduct are satisfactory and the particulars furnished by him / her are correct. If selected he / she / can / cannot released from his / her present post.

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HEAD OF DEPARTMENT

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DATE