

Sri Lanka Export Development Board Ministry of Trade



Application for the Post of Management Assistant (MA 1-1)

Name in Full : Mr/Mrs./M	iss		
Name with Initials:			
Postal Address:			
Contact No:	E-ma	nil Address:	
National Identity Card No:			
	Years:	Months:	Days:
Civil Status:			
Whether Citizen of Sri Lanka	:		
_			
		T 1 NT	
Year:	1	ndex No:	
Subject	Grade	Subject	Grade
h. GCE (A/L) Examination			
Year:		Index No:	
Subject	Grad	de	
~ asject			
2 405,000			
	Name with Initials: Postal Address: Contact No: National Identity Card No: Date of Birth: Age as at the closing date: Civil Status: Whether Citizen of Sri Lanka Qualifications a. G.C.E. (O/L) Examination Year: Subject b. G.C.E. (A/L) Examination Year:	Postal Address: Contact No: Date of Birth: Age as at the closing date: Years: Civil Status: Whether Citizen of Sri Lanka: Qualifications a. G.C.E. (O/L) Examination Year: Subject Grade b. G.C.E. (A/L) Examination Year:	Name with Initials: Postal Address: Contact No: Date of Birth: Age as at the closing date: Years: Whether Citizen of Sri Lanka: Qualifications a. G.C.E. (O/L) Examination Year: Index No: b. G.C.E. (A/L) Examination Year: Index No:

c. Academic Qualifications:

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

d. Academic Qualifications:

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

e. Professional Qualifications:

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

8. Schools Attended

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

9. Language Proficiency:

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

10. Experience :

	Designation/ Salary Code	Institute and EPF No.	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					

11. Other Achievements:

S.	Achievement	Year
No		
1.		
2.		

3.		
4.		
5.		
6.		
7.		
12. Name	es of two non-related referees with addre	esses and Contact Nos.
<u>Na</u>	me Address	<u>3</u>
	1	•••••••••••••••••••••••••••••••••••••••
2	2	
13. Have y	you been convicted of a criminal offence in	a Court of Law? If so, give details:
14. Whetho	er your services have been previously term	inated/suspended? If so, give details:
15. Are th	ere any disciplinary orders against you? If	so, give details:
	s of the following certificates (Not original Applications not supported by copies of the	
a)b)c)d)e)	Birth Certificates Certificates of Educational Qualification Certificates of Professional Qualification Letters of Experience Copies of other achievement certificate	ons

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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. 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