

 		<b>SRI LANKA LAND DEVELOPMENT CORPORATION</b> <b>STATE MINISTRY OF URBAN DEVELOPMENT, COAST CONSERVATION, WASTE DISPOSAL AND COMMUNITY CLEANLINESS</b>		<b>(For office use only)</b> <b>Verification</b>		
				<b>Status</b>	<b>Checked by</b>	<b>Approved by</b>
				<b>Qualified</b>		
				<b>Not Qualified</b>		
				<b>Registration No.</b>		
<b>APPLICATION FOR THE POST OF</b> .....						
1.1 Title (Mr, Miss, Mrs, Dr)						
1.2 Name with Initials (Eg. PERERA W.A.P.J.)						
1.3 Full Name in English						
1.4 Full Name in Sinhala/ Tamil						
2.1 Permeant Address in English						
2.2 Postal Address in English						
		2.2 District				
2.2 Postal Address in Sinhala/ Tamil						
3.1 Are you citizen of Sri Lanka		Yes / No	3.2 N.I.C. Number			
4.1 Gender (cut inappropriate word)		Male / Female	4.2 Civil Status (cut inappropriate word)		Single / Married	
5. Contact details						
Telephone		Mobile			Fax	
		Land			Email	
6. Date of Birth		D	D	M	M	Y Y Y Y
		6.2 Age (as at 03.02.2021)		Years	Months	Days
7. Are you working at SLLDC		Yes / No	If yes your EPF No			
8. Qualifications						
Name of the Degree/ Diploma or Certificate		University / Institute		Country		Specialized in
				From	To	
1.						
2.						
3.						
4.						

**9. Other academic/ Professional Qualification**

Name of the Qualification	Institute/ College	Country	Duration		Date of completed	Specialized in
			From	To		
1.						
2.						
3.						
4.						

**10. Experience ( Mention the latest job at first)**

Designation	Name of the Institution	Duration		Immediate Supervisor's Position
		From	To	
1.				
2.				
3.				
4.				
5.				

11. Have you been an offender for criminal case by a court of Law? Yes / No

12. If Your answer is Yes give reasons.

**13. Two Non related Referees**

	Name	Address	Contact No.	Email Address
Referee 01				
Referee 02				

I hereby certify that the above given details are true and accurate to the best of my knowledge. I am aware that providing of false information renders my application invalid and if found subsequently to the appointment I will be dismissed without any compensation.

Date:..... .....  
**Signature of the Applicant**

**Certificate of Head of Department/ Institution**

(only for the applicants serving in the Public Service/ Government Corporations/ Statutory Body)

DGM (HRD) - SLLDC

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:..... .....  
**Signature of Head of Department/ Institution**  
**(Official Stamp)**