

# 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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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.

.....  
**HEAD OF DEPARTMENT**

.....  
**DATE**