



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



Application for the Post of

1. Name in Full : Mr./Mrs./Miss

 Name with Initials:
2. Postal Address:
 Contact No: E-mail 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. Academic Qualifications:

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

10. Experience :

	Designation/ Salary Code	Institute and EPF No.	Period (from/to)	Experience (years/months /days)	Total Experience (As at the closing date)
a) Present Occupation (With Salary)					
b) Previous appointments if any					

11. Other Achievements :

S. No	Achievement	Year
1.		
2.		
3.		
4.		
5.		
6.		
7.		

12. Names of two non-related referees with addresses and Contact Nos.

<u>Name</u>	<u>Address</u>
1.
2.

13. Have you been convicted of a criminal offence in a Court of Law? If so, give details:

14. Whether your services have been previously terminated/suspended? If so, give details:

15. Are there any disciplinary orders against you? If so, give details:

Copies of the following certificates (Not originals) should be attached:

P.S. Applications not supported by copies of these certificates will be rejected

- a) Birth Certificates
- b) Certificates of Educational Qualifications
- c) Certificates of Professional Qualifications
- d) Letters of Experience
- e) Copies of other achievement certificates

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 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- 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
(Official Stamp)

Date: -----