



Sri Lanka Export Development Board
Ministry of Investment Promotion



Application for the Post of(MM 1-1/JM 1-1/MA 2-1/MA 1-1)

Medium in which you wish to sit the Exam : Sinhala / Tamil / English

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. G.C.E. (O/L) Examination

Year:

Index No:

Subject	Grade

Subject	Grade

b. G.C.E. (A/L) Examination

Year:

Index No:

Subject	Grade

c. Academic Qualifications:

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

d. Professional Qualifications:

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

8. **Schools Attended**

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

9. **Language Proficiency :**

Language	Reading			Writing			Speaking		
	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. 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:

16. 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.

Date: _____

Signature of Applicant

Certificate of Head of Department/ Institution

(Only for the applicants serving in the Public Service/ Government Corporations/ Statutory Boards.)

Chairman /Chief Executive Officer, 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.

Date: -----

Signature of Head of Department/
Institution
(Official Stamp)