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**Sri Lanka Export Development Board**

**Ministry of Industry and Entrepreneurship Development**

**Application for the Post of Office Aide (PL -1)**

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

Name with Initials:

1. Postal Address :

Contact No:

1. National Identity Card No:

1. Date of Birth :

Age as at the closing date: Years: Months: Days:

1. Civil Status:

1. Gender:

Male Female

1. Whether Citizen of Sri Lanka:
2. **Qualifications**
   1. G.C.E. (O/L) Examination

Year: Index No:

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| --- | --- |
| Subject | Grade |
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| Subject | Grade |
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* 1. G.C.E. (A/L) Examination

Year: Index No:

|  |  |
| --- | --- |
| Subject | Grade |
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1. **Language Proficiency**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Reading** | | | **Writing** | | | **Speaking** | | |
| **Good** | **Average** | **Weak** | **Good** | **Average** | **Weak** | **Good** | **Average** | **Weak** |
| Sinhala |  |  |  |  |  |  |  |  |  |
| Tamil |  |  |  |  |  |  |  |  |  |
| English |  |  |  |  |  |  |  |  |  |

1. **Experience :**

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| --- | --- | --- | --- | --- | --- |
|  | **Designation/ Salary Code** | **Institute**  **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 |  |  |  |  |
|  |  |  |  |
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1. **Names of two non-related referees with addresses and Contact Nos.**

**Name** **Address**

**1. …………………………………. ……………………………….**

**……………………………….**

**……………………………….**

**……………………………….**

**2. …………………………………. ………………………………..**

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1. Have you been convicted of a criminal offence in a Court of Law? If so, give details:
2. Copies of the following certificates (Not originals) should be attached:

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

1. Birth Certificates
2. Certificates of Educational Qualifications
3. Letters of Experience

|  |  |  |  |  |
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| 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- 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) | | | | |
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