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**Sri Lanka Export Development Board**

**Ministry of Trade**

**Application for the Post of ………………………………….(MM 1-1/JM 1-1/MA 1-1)**

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

Name with Initials:

1. Postal Address :

Contact No: E-mail Address:

1. National Identity Card No:
2. Date of Birth :

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

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

Year: Index No:

|  |  |
| --- | --- |
| Subject | Grade |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Subject | Grade |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* 1. 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 :**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Reading** | | | **Writing** | | | **Speaking** | | |
| **Language** | **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/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.**

**Name** **Address**

**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

1. Birth Certificates
2. Certificates of Educational Qualifications
3. Certificates of Professional Qualifications
4. Letters of Experience
5. 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- 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) |