

Specimen of the application

For Office Use Only

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**State Timber Corporation**  
**Application Form**

Application for the post of.....in  
State Timber Corporation

1.Name with Initials(In Sinhala)

.....මයා/මිය/මෙනවිය

(In English / Block capital letters ) Mr./ Mrs. / Miss:

.....

2.Names denoted by initials(In  
Sinhala)

.....  
.....  
(In English) Block capital letters  
.....  
.....

3.Nationality: .....

4.Gender: Female / Male: .....

5.Marital status: .....

6.National identity card No:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

7.Date of birth:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

8.Age:

|  |  |
|--|--|
|  |  |
|--|--|

(As at application closing date)

9. Permanent address .....
- .....
10. Mailing address .....
- .....
11. Fix Telephone No ..... Mobile No .....
12. E –mail address :.....
13. Educational qualifications:

| No | Course Name | P.G.Degree/ Degree<br>P.G Diploma/ Diploma or<br>Other | Subject/<br>Relevant filed | Validity date | University/ institute |
|----|-------------|--------------------------------------------------------|----------------------------|---------------|-----------------------|
| 01 |             |                                                        |                            |               |                       |
| 02 |             |                                                        |                            |               |                       |
| 03 |             |                                                        |                            |               |                       |

14. Professional qualifications:

| No | Professional qualification | Validity date | Institution | NVQ level if any |
|----|----------------------------|---------------|-------------|------------------|
| 01 |                            |               |             |                  |
| 02 |                            |               |             |                  |
| 03 |                            |               |             |                  |

15. Other qualifications:

| Qualification | Institute | Period | Relevant Field |
|---------------|-----------|--------|----------------|
|               |           |        |                |
|               |           |        |                |
|               |           |        |                |
|               |           |        |                |

16. .Work experience gained:

| Employer | Position | Period (From – to) | No of Years |
|----------|----------|--------------------|-------------|
|          |          |                    |             |
|          |          |                    |             |
|          |          |                    |             |

17. Office details: (Present Employment if any)

|                                                |  |
|------------------------------------------------|--|
| Employer<br>Address<br>.....<br>.....<br>..... |  |
| Telephone No                                   |  |
| Fax No                                         |  |
| E - mail                                       |  |

18. Non-Related Referees

| Name and Address | Position | Telephone No. |
|------------------|----------|---------------|
| 1.               |          |               |
| 2.               |          |               |

I hereby certify that the information provided in this application is true and correct to the best of my knowledge.  
I understand that any false information could lead to disqualification or termination.

Date: .....

.....

Signature of the Applicant

**Recommendation of the Head of the Institution  
(For Government / Semi- Government officers)**

I hereby certify that Mr./Mrs./Miss .....  
..... who is working in this ministry/department/institution, is working in the post  
of ..... and his/her work and conduct are satisfactory, no disciplinary action pending  
against him/her and no decision has been taken to impose any such in the future. If he/she will be selected for  
this post, he/she can/cannot be released from the service.

Date .....

.....  
Signature of the Head of the Department  
(Official stamp)