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:

2. Postal Address

Contact No:

3. National Identity Card No

4. Date of Birth :

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

5. Civil Status:

6. Gender:

Male Female

7. Whether Citizen of Sri Lanka:

8. 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

9. Language Proficiency

	Reading			Writing			Speaking		
	Good	Average	Weak	Good	Average	Weak	Good	Average	Weak
Sinhala									
Tamil									
English									

10. Experience :

	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					

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

Name **Address**

1. ……. **…….**
…….
…….
…….

2. ……. **……..**

……..
……..
……..

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

13. 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) Letters of Experience

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 / 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.

…….
Signature of Head of Department/ Institution
Date: (Official Stamp)