Sri Lanka Export Development Board
Ministry of Industry and Entrepreneurship Development

Application for the Post of Driver PL 3

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

Name with Initials:

2. Postal Address:

Contact No: Email Address :

3. National Identity Card No:

4. Driving License No:

5. Date of Birth :
Age as at the closing date: Years: Months: Days:

6. Civil Status:

7. Gender:
Male Female

8. Whether Citizen of Sri Lanka:

9. 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

10. Language Proficiency

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

11. 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					

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. 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.

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
(Official Stamp)

Date: .....