# **Development Lotteries Board**

## **Human Resources & Administrations Division**

APPILICATION FOR THI	E POST	<b>OF</b>						
1.Name with Initials								Mr./Mrs./Mis
Name in Full								
2.Postal Address								
WhatsApp Number								
Contact Number								
Email ID								
3.NIC Number								
4.Date of Birth	D	D	M	M	Y	Y	Y	Y
Age as at the closing date	Years		•	Months		Days	S	
5.Civil Status	Ma	rried			Un	marrie	d	
6.Whether Citizen of SriL	anka							

### 7. Qualifications

a) Academic Qualification

Institution		Qualifications	Date of	Duration		
			Effective	From date	To date	

### b) Memberships of Professional Bodies

ne of Institute / anization	Designation	Dura	ntion	Total Experience
		From date	To date	

### 08. Work Experience

ne of Institute / anization	Designation	Dura	ation	Total Experience
		From date	To date	
				-

#### 09. Other Achievements

Achievement	Year

10. Names of two non-related referees with addresses and contact numb	<b>10.</b>	. Names of	f two non-	related ref	erees with	addresses	and	contact	numb
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Name	Address	Designations	Voice

11. Have you been convicted of a crimi	nal offence in a Court of Law? If so, give the details:				
•••••	•••••••••••••••••••••••••••••••••••••••				
12. Copies of the following certificates	(not originals) should be attached:				
a) Birth Certificate					
b) Certificates of Educational Qualifications					
c) Academic Transcript of Degree					
d) Certificates of Professional Qua	difications				
e) Letters of Experience					
f) Copies of other achievement certificates					
accurate. I am also aware that, any par	furnished by me in this application are true and rticulars contained herein are found to be false or before selection or to be dismissed without any after appointment.				
Date:					
	Signature of Applicant				
Certificate of Head of Department / In	stitution				
(Only for the applicants serving in the Boards)	Public service / Government Corporations/ Statutory				
Chairman/CEO,					
I recommended and forward the application	cation of Mr/Mrs/Miss				
in this institution. I certify that his / h $\!$	folding the post ofer work and conduct are satisfactory and that he/she ion. He /She can be released / cannot be released from				
••••••	••••••				
Date	Signature if Head of Department / Institution (Official stamp)				