

## **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. <u>G.C.E. (O/L) Examination</u> Year: | Index No:     |       |
|    | Subject Grade   | Subject       | Grade |
| _  |   |               |       |
|    |   |               |       |
| -  |   | _             |       |
| L  | <b>b.</b> G.C.E. (A/L) Examination Year:                | Index No:     |       |
|    | Subject Grade   |               |       |
|    |   |               |       |
| J  |   |               |       |

## 9. Language Proficiency

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

## 10. Experience :

|                                     | Designation/<br>Salary Code | Institute<br>EPF No. | Period<br>(from/to) | Experience<br>(years/month<br>s/days) | Total<br>Experience<br>(As at the<br>closing date) |
|-------------------------------------|-----------------------------|----------------------|---------------------|---------------------------------------|--|
| a) Present Occupation (With Salary) |                             |                      |                     |                                       |  |
| b) Previous appointments if any     |                             |                      |                     |                                       |  |

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|----|------------|-----------------|-------------------|----------------|-------------|
|    | Names of   | two non-related | referees with add | reccec and t   | ONIGCT NAC  |
|    | rames or   | two non-related | icicico with auu  | it cooco anu C | uniaci mus. |

| <u>Name</u> | Address |       |     |
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| 2           | ••••    |       | ••• |

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|                             | •••••••••••••••••••••••••••••••••••••••   |
| <b>12.</b> Have             | e you been convicted of a criminal offence in a Court of Law? If so, give details:  |
| -                           | pies of the following certificates (Not originals) should be attached:  Applications not supported by copies of these certificates will be rejected   |
| a)<br>b)<br>c)              | Birth Certificates Certificates of Educational Qualifications Letters of Experience   |
| am also awa<br>to be disqua | certify that the particulars furnished by me in this application are true and accurate. I are that, any particulars contained herein are found to be false or incorrect, I am liable lified before selection or to be dismissed without any compensation if such detection r appointment. |
| Date:                       | Signature of Applicant  |
|                             | Certificate of Head of Department/ Institution  |
| (Only for the               | e applicants serving in the Public Service/ Government Corporations/ Statutory Boards.)   |
| Chairman / (                | Chief Executive- SLEDB,   |
| I recommen                  | ded and forward the application of Mr. / Mrs. / Miss  |
|                             | holding the post ofin this  |
|                             | I certify that his/ her work and conduct are satisfactory and that he/ she has not been   |
|                             | y 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)   |