

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 Lan	ıka:					
9.	Qualifications a. G.C.E. (O/L) Examinati	ion					
	Year:	<u>ion</u>		Index No:			
	Subject	Grade		Subject	Grade		
			-				
	b. G.C.E. (A/L) Examination	ion_					
	Year:			Index No:			
	Subject	(Grade	-			
				1			

10. Language Proficiency

	Reading		Ţ.	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/month s/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	Names of two non-related referees with addresses and Contact Nos.					
	Name	Address					
	1						

2.	•••••••••••••••••••••••••••••••••••••••						
13. Have 2	you been convicted of a criminal offence in a	Court of Law? If so, give details:					
	es of the following certificates (Not originals) Applications not supported by copies of these						
a) b) c) d) e)	 b) Certificates of Educational Qualifications c) Certificates of Professional Qualifications d) Letters of Experience 						
am also awar to be disqual	certify that the particulars furnished by me in re that, any particulars contained herein are follified before selection or to be dismissed with appointment.	ound to be false or incorrect, I am liable					
Date:		Signature of Applicant					
	Certificate of Head of Department	/ Institution					
(Only for the Boards.)	ne applicants serving in the Public Service/	Government Corporations/ Statutory					
Chairman / C	Chief Executive- SLEDB,						
	ded and forward the application of Mr. / Mrs.						
	certify that his/ her work and conduct are sat						

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)		