



**Sri Lanka Export Development Board**  
Ministry of Trade



**Application for the Post of Director - ..... (HM 1-1)**

1. Name in Full : Mr../Mrs./Miss   
  
 Name with Initials:
2. Postal Address:   
 Contact No:  E-mail Address:
3. National Identity Card No:
4. Date of Birth :   
 Age as at the closing date:   Years:    Months:    Days:
5. Civil Status:
6. Whether Citizen of Sri Lanka:
7. **Qualifications:**

a. Academic Qualifications:

S. No	Degrees/Diplomas	Class	University	Effective Date	Duration
1.					
2.					
3.					
4.					
5.					
6.					



**10. Experience :**

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

**11. Other Achievements :**

<b>S. No</b>	<b>Achievement</b>	<b>Year</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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

<u>Name</u>	<u>Address</u>
1. ....	..... ..... ..... .....
2. ....	..... ..... ..... .....

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

**14.** Whether your services have been previously terminated/suspended? If so, give details:

**15.** Are there any disciplinary orders against you? If so, give details:

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.)

Director General, EDB

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: -----