

|   |  |  |   |  |   |                            |        |                |                |
|---|--|--|---|--|---|----------------------------|--------|----------------|----------------|
|   |  | <b>SRI LANKA LAND RECLAMATION &amp; DEVELOPMENT CORPORATION</b><br>MINISTRY OF MEGAPOLIS & WESTERN DEVELOPMENT |   | (For office use only)<br>Verification        |   |                            |        |                |                |
| <b>APPLICATION FOR THE POST OF</b><br>.....   |  | Status   |   | Checked by                                   |   | Approved by                |        |                |                |
|   |  | Qualified  |   |  |   |                            |        |                |                |
|   |  | Not Qualified  |   |  |   |                            |        |                |                |
|   |  | Registration No.   |   |  |   |                            |        |                |                |
| 1.1 Title (Mr, Miss, Mrs, Dr)   |  |  |   |  |   |                            |        |                |                |
| 1.2 Name with Initials<br>(Eg. PERERA W.A.P.J.)   |  |  |   |  |   |                            |        |                |                |
| 1.3 Full Name in English  |  |  |   |  |   |                            |        |                |                |
| 1.4 Full Name in Sinhala/ Tamil   |  |  |   |  |   |                            |        |                |                |
| 2.1 Permeant Address in English   |  |  |   |  |   |                            |        |                |                |
| 2.2 Postal Address in English   |  |  |   |  |   |                            |        |                |                |
|   |  | 2.2 District   |   |  |   |                            |        |                |                |
| 2.2 Postal Address in Sinhala/ Tamil  |  |  |   |  |   |                            |        |                |                |
| 3.1 Are you citizen of Sri Lanka  |  | Yes / No   |   | 3.2 N.I.C. Number                            |   |                            |        |                |                |
| 4.1 Gender<br>(cut inappropriate word)  |  | Male / Female  |   | 4.2 Civil Status<br>(cut inappropriate word) |   | Single / Married           |        |                |                |
| 5. Contact details  |  |  |   |  |   |                            |        |                |                |
| Telephone   |  | Mobile   |   | Fax  |   |                            |        |                |                |
|   |  | Land   |   | Email  |   |                            |        |                |                |
| 6. Date of Birth  |  | D  | D | M  | M | Y                          | Y      |                |                |
|   |  |  |   |  |   | 6.2 Age (as at 30.10.2018) | Years  |                |                |
|   |  |  |   |  |   |                            | Months |                |                |
|   |  |  |   |  |   |                            | Days   |                |                |
| 7. Are you working at SLLRDC  |  | Yes / No   |   | If yes your EPF No                           |   |                            |        |                |                |
| 8. Qualifications   |  |  |   |  |   |                            |        |                |                |
| Name of the Degree/<br>Diploma or Certificate   |  | University /<br>Institute  |   | Country                                      |   | Duration                   |        | Effective date | Specialized in |
|   |  |  |   |  |   | From                       | To     |                |                |
| 1.  |  |  |   |  |   |                            |        |                |                |
| 2.  |  |  |   |  |   |                            |        |                |                |
| 3.  |  |  |   |  |   |                            |        |                |                |
| 4.  |  |  |   |  |   |                            |        |                |                |

| 9. Other academic/ Professional Qualification |                    |         |          |    |                   |                |
|---|--------------------|---------|----------|----|-------------------|----------------|
| Name of the Qualification                     | Institute/ College | Country | Duration |    | Date of completed | Specialized in |
|   |                    |         | From     | To |                   |                |
| 1.  |                    |         |          |    |                   |                |
| 2.  |                    |         |          |    |                   |                |
| 3.  |                    |         |          |    |                   |                |
| 4.  |                    |         |          |    |                   |                |

| 10. Experience ( Mention the latest job at first) |                         |          |    |                                 |  |
|---|-------------------------|----------|----|---------------------------------|--|
| Designation                                       | Name of the Institution | Duration |    | Immediate Supervisor's Position |  |
|   |                         | From     | To |                                 |  |
| 1.  |                         |          |    |                                 |  |
| 2.  |                         |          |    |                                 |  |
| 3.  |                         |          |    |                                 |  |
| 4.  |                         |          |    |                                 |  |
| 5.  |                         |          |    |                                 |  |

11. Have you been an offender for criminal case by a court of Law? Yes / No

12. If Your answer is Yes give reasons.

13. Two Non related Referees

|            | Name | Address | Contact No. | Email Address |
|------------|------|---------|-------------|---------------|
| Referee 01 |      |         |             |               |
| Referee 02 |      |         |             |               |

I hereby certify that the above given details are true and accurate to the best of my knowledge. I am aware that providing of false information renders my application invalid and if found subsequently to the appointment I will be dismissed without any compensation.

Date:..... Signature of the Applicant

**Certificate of Head of Department/ Institution**

(only for the applicants serving in the Public Service/ Government Corporations/ Statutory Board)

DGM (HRD) - SLLRDC

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.

Date :..... Signature of Head of Department/ Institution  
(Official Stamp)