

Specimen of the application

For Office Use Only

--

State Timber Corporation
Application Form

Application for the post of.....in
State Timber Corporation

1.Name with Initials(In Sinhala)

.....මයා/මිය/මෙනවිය

(In English / Block capital letters) Mr./ Mrs. / Miss:

.....

2.Names denoted by initials(In
Sinhala)

.....
.....
(In English) Block capital letters

.....
.....

3.Nationality:

4.Gender: Female / Male:

5.Marital status:

6.National identity card No:

--	--	--	--	--	--	--	--	--	--	--	--	--

7.Date of birth:

--	--	--	--	--	--	--	--

8.Age:

--	--

(As at application closing date)

9. Permanent address
-
10. Mailing address
-
11. Fix Telephone No Mobile No
12. E –mail address :.....

13. Educational qualifications:

G.C.E (O/L) Examination: Year :- Index No:-

	Subject	Grade		Subject	Grade
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

G.C.E (A/L) Examination: Year:- Index No:-

	Subject	Grade
1.		
2.		
3.		
4.		

14. Professional qualifications:

No	Professional qualification	Validity date	Institution	NVQ level if any
01				
02				
03				

15. Other qualifications:

Qualification	Institute	Period	Relevant Field

16. .Work experience gained:

Employer	Position	Period (From – to)	No of Years

17. Office details: (Present Employment if any)

Employer Address	
Telephone No	
Fax No	
E - mail	

18. Non-Related Referees

Name and Address	Position	Telephone No.
1.		
2.		

I hereby certify that the information provided in this application is true and correct to the best of my knowledge.
I understand that any false information could lead to disqualification or termination.

Date:

.....

Signature of the Applicant

Recommendation of the Head of the Institution
(For Government / Semi- Government officers)

I hereby certify that Mr./Mrs./Miss
..... who is working in this ministry/department/institution, is working in the post
of and his/her work and conduct are satisfactory, no disciplinary action pending
against him/her and no decision has been taken to impose any such in the future. If he/she will be selected for
this post, he/she can/cannot be released from the service.

Date

.....
Signature of the Head of the Department
(Official stamp)