Ministry of Plantation Industries Coconut Cultivation Board 9/428 Denzil Kobbekaduwa Mawatha, Battaramulla (Tel. 0112861331)





(For Official use only)

<u>Specimen Application for Senior Managerial (HM), Managerial (MM), Junior</u> <u>Manager Posts (JM) Coconut Cultivation Board</u>

Post Applied	•••••				
1.1 Personal Information: 1.1 Name with Initials at the end Letters				SII W/Δ Δ R	ek)
1.2 Name in Full in English Capit			(LA.	JILWA A.B	,,
1.3 Name in Full (In Sinhala / Ta	mil):				
1.4 Personal Address (In Sinhala				•••••	
1.5 Personal Address (In English	•	•			
1.6 Gender: 1.7 Marital Status: 1.8 Ethnicity:					
1.2 National Identity Card No.:-					
1.3 Date of Birth :- Year 1.4 Telephone No.:-		Month		Date	
1.5 District: 1.6 1.13 Electorate: 1.7 1.14 Grama Niladhari Division: . 1.8 1.15 Email Address :					

2.0 Higher Educational Qualifications

University / Institution	Professional Course	Effective date of degree	Class

3.0 Details regarding various Posts and Service Periods

	From		То		Name and Address of	Post Held	Service category post		
	Date	Month	Year	Date	Month	Year	the Employer		belong *
1									
2									

^{*}Employees service periods with Government Department/ Government Statutory institutes should be mentioned the Service category belong that the post held (E.g. Senior Managerial (HM) Managerial (MM) Junior Managerial (JM).

4.0 Professional Qualifications:

Professional Qualifications	University / Institution	Professional Course	Effective date

5.0 Other Qualifications:		
L		
6.0 Details regarding two non-related	Referees:	
Name / Telephone No.	Position	Address
7.0. Certification of the Applicant:		
I hereby certify that the information g	iven above is true and correct	
Thereby certify that the information g	iven above is true and correct.	
Date :		
	Signature of	Applicant
8.0 Attestation:		
I hereby certify that Mr. / Mrs. / Miss		
who submits this application is person	nany known to me and he / she pia	ced his / her signature on
in my presence.		
Date:		ture of the Attester
Name:	_	
Position:		
Address:		••••

9. Certification of the Head of the Department, Government or the Provincial Government serv	/ Ministry if the applicant is an employee of the Central rice:
I am forwarding the application of Mr. / Mrs. / I	Miss
· · · · · · · · · · · · · · · · · · ·	ninistry / department as a permanent / temporary / trainee / above post he / she can / cannot be released. (Strike off
	Signature of the Head of the Institute/ Authorized
	Officer and the Official Stamp
Date:	
Name:	
Position:	
Ministry / Department/Statuary Boards, Coope	ration Institutes: