

 SRI LANKA LAND DEVELOPMENT CORPORATION MINISTRY OF URBAN DEVELOPMENT, CONSTRUCTION AND HOUSING		(For office use only) Verification																	
		Status				Checked by				Approved by									
		Qualified																	
		Not Qualified																	
APPLICATION FOR THE POST OF														Registration No.					
1.1 Title (Mr, Miss, Mrs, Dr)																			
1.2 Name with Initials (Eg. PERERA W.A.P.J.)																			
1.3 Full Name in English																			
2.1 Permeant Address in English																			
2.2 Postal Address in English																			
				2.3 District															
3.1 Are you citizen of Sri Lanka				Yes / No				3.2 N.I.C. Number											
4.1 Gender (cut inappropriate word)				Male / Female				4.2 Civil Status (cut inappropriate word)				Single / Married							
5. Contact details																			
Telephone				Mobile															
				Land								Email							
6.1. Date of Birth		D	D	M	M	Y	Y	Y	Y	6.2 Age (as at 15.05.2025)				Years		Months		Days	
7. Employment Status (Put ✓ in the given space)				SLLDC Permanent				REDECO											
				SLLDC Contract				LRDC											
				EPF No.															
8. Qualifications																			
Name of the Degree/ Diploma or Certificate				University / 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.	

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

Certification of Head of Division/ Site

DGM (HRD) - SLLDC

I recommended and forward the application of Mr./ Mrs./ Miss. holding the post of I Certify that his/her work and conduct is satisfactory and that he/she has not been subject to any disciplinary action. He/ She can be released/ cannot be released from present post if selected for this post.

Date:.....

.....
Signature of Head of Section/ Site

Date:.....

.....
Signature of Head of Division
(Official Stamp)