

SPECIMEN APPLICATION
MINISTRY OF PLANTATION AND COMMUNITY INFRASTRUCTURE
TEA RESEARCH INSTITUTE OF SRI LANKA

THE POST APPLIED

1. Full Name of the Applicant:
2. Name with Initials :
3. Permanent Address :
- Current Address (if any) :
4. District :
5. Date of Birth :
6. Age as at Closing date of application : Years Months Days
(Attached copy of Birth Certificate)
7. Gender :
8. Civil Status :
9. NIC No :
10. Contact No : WhatsApp.....
11. E -mail address :
12. School Attended :

13. Educational Qualifications

G.C.E (O/L) – YEAR Index No:

SUBJECT	GRADE	SUBJECT	GRADE

G.C.E (A/L) – YEAR Index No:

SUBJECT	GRADE	SUBJECT	GRADE

If it is more than one sitting please attached the copy of the certificate.

14. Degree Qualification:

Degree	University	Date of Registered	Date of Completion	Valid date of Degree
1.				
2.				
3.				

- Attach transcripts of above-mentioned Degrees.

15. Postgraduate Qualification:

Postgraduate Degree/ Diploma	University/ Institute	Date of Registered	Date of Completion	Valid date of Degree/ Diploma
1.				
2.				
3.				

- Attach transcripts of above-mentioned Degrees/ Diplomas.

16. Professional Qualifications:

Qualification	Institute	Date of Obtained the Qualification	Validity Date
1.			
2.			
3.			

17. Vocational Qualifications:

Qualification	Institute	Date of Obtained the Qualification	Duration
1.			
2.			
3.			

18. Other qualifications:

Qualification	Institute	Date of Obtained the Qualification	Duration
1.			
2.			
3.			

19. Language Proficiency:

Language	Listening	Speaking	Reading	Writing
Sinhala				
English				
Tamil				
Other				

- Proficiency to be attached.

20. Experience:

Experience	Institute	Position	Salary Code	No of Years
Managerial Experience				
Executive Experience				
Non-Executive Experience				

21. Extracurricular activities :

- Sports :
- School Level / National Level / International Level :
- Other Activities :

22. Two (02) Non-related referees :

1.

Name :

Address :

Contact No / WhatsApp No :

E-mail :

2.

Name :

Address :

Contact No / WhatsApp No :

E-mail :

- **Note: All relevant supportive documents should be appended.**

I hereby declare that all information furnished by this application is true, correct and complete to the best of my knowledge belief. I further acknowledge and consent that if any information provided is found to be false, misleading or inaccurate at any stage of the application process. Thereafter, I shall be liable for any action deemed necessary by TRISL.

Date :

Signature :

This section is applicable for applicants working in the public sector.**Recommendation of Head of Department:**

I hereby certify that Dr / Mr / Mrs / Ms is employed in this Ministry / Department / Corporation / Board as His / Her work and conduct are satisfactory and the particulars furnished by him / her are correct. If selected he / she / can / cannot released from his / her present post.

.....

.....

HEAD OF DEPARTMENT**DATE**