

Development Lotteries Board

Human Resources & Administrations Division

APPLICATION FOR THE POST OF

1.Name with Initials		Mr./Mrs./Miss
Name in Full		

2.Postal Address			
WhatsApp Number			
Contact Number			
Email ID			

3.NIC Number	
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4.Date of Birth	D	D	M	M	Y	Y	Y	Y
Age as at the closing date	Years		Months		Days			

5.Civil Status	Married		Unmarried	
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6.Whether Citizen of SriLanka	
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7. Qualifications

a) Academic Qualification

Institution	Qualifications	Date of Effective	Duration	
			From date	To date

b) Memberships of Professional Bodies

Name of Institute / Organization	Designation	Duration		Total Experience
		From date	To date	

08. Work Experience

Name of Institute / Organization	Designation	Duration		Total Experience
		From date	To date	

09. Other Achievements

Achievement		Year

10. Names of two non-related referees with addresses and contact numbers

Name	Address	Designations	Voice

11. Have you been convicted of a criminal offence in a Court of Law? If so, give the details:

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12. Copies of the following certificates (not originals) should be attached:

- a) Birth Certificate
- b) Certificates of Educational Qualifications
- c) Academic Transcript of Degree
- d) Certificates of Professional Qualifications
- e) Letters of Experience
- f) Copies of other achievement certificates

I do hereby certify that the particulars furnished by me in this application are true and accurate. I am also aware that, any particulars contained herein are found to be false or incorrect, I am liable to be disqualified before selection or to be dismissed without any compensation if such detection is made after appointment.

Date:.....

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Signature of Applicant

Certificate of Head of Department / Institution

(Only for the applicants serving in the Public service / Government Corporations/ Statutory Boards)

Chairman/CEO,

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
not been subject to any disciplinary action. He /She can be released / cannot be released from
service if selected this post.**

.....

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Date

**Signature if Head of Department /
Institution (Official stamp)**