

**Ministry of Plantation and Community Infrastructure  
Coconut Cultivation Board**

**9/428 Denzil Kobbekaduwa Mawatha, Battaramulla  
(Tel. 0112861331)**



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(For Official use only)

**Specimen Application for Senior Managerial (HM), Managerial (MM), Junior  
Manager Posts (JM) Coconut Cultivation Board**

Post Applied .....

**1.1 Personal Information:**

1.1 Name with Initials at the end in English Capital  
Letters.....

.....(Ex: SILWA A.B.K.)

1.2 Name in Full in English Capital Letters:

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1.3 Name in Full (In Sinhala / Tamil):

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1.4 Personal Address (In Sinhala / Tamil):

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1.5 Personal Address (In English Capital Letters):

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1.6 Gender: .....

1.7 Marital Status: .....

1.8 Ethnicity: .....

1.2 National Identity Card No.:-

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1.3 Date of Birth :- Year

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Month

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Date

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1.4 Telephone No.:-

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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			To			Name and Address of the Employer	Post Held	Service category post belong *
	Date	Month	Year	Date	Month	Year			
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:

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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 given above is true and correct.

Date :.....

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Signature of Applicant

8.0 Attestation:

I hereby certify that Mr. / Mrs. / Miss .....  
who submits this application is personally known to me and he / she placed his / her signature on  
.....in my presence.

.....

Date: .....

Signature of the Attester

Name: .....

Position: .....

Address: .....

9. Certification of the Head of the Department / Ministry if the applicant is an employee of the Central Government or the Provincial Government service:

I am forwarding the application of Mr. / Mrs. / Miss .....

I wish to inform that he / she is serving in this ministry / department as a permanent / temporary / trainee / casual officer and if he / she is selected for the above post he / she can / cannot be released. (Strike off unnecessary words)

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Signature of the Head of the Institute/ Authorized Officer and the Official Stamp

Date:.....

Name: .....

Position: .....

Ministry / Department/Statuary Boards, Cooperation Institutes: .....