## SPECIMEN APPLICATION STATE PHARMACEUTICALS MANUFACTURING CORPORATION

	FOR THE POST OF							
1.	Full Name of the Applicant		:					
2.	Name with Initials		:					
3.	Permanent Address		:					
4.	District		:					
5.	Date of Birth		:					
6.	Age as at Closing date of application		: Years Months Days					
7.	Gender		:					
8.	Civil Status		:					
9.	NIC No		:					
10.	Contact No		:					
11.	Educational Qualifications G.C.E (O/L) - YEAR							
	SUBJECT	GRADE		SUBJECT	GRADE			
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G.C.E (A/L) - YEAR								
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12.	Degree  i. Valid date of Degree  ii. University / Institutio  iii. Degree / Subject							

13.	Postgraduate Quali	ification							
	i. Valid date o	of Postgraduate	e Degree	/ Diploma:					
	ii. University	/ Institution :	:						
iii. Subject			· :						
14.	Professional qualifica	ations	:						
			•						
15	Other qualifications								
10.	omer quameutions								
16.	. Experience :								
	•								
	Experience	Institute	e	Position	Salary Scale	No of Years			
	Managerial								
	Experience								
	Executive								
	Experience								
	Non-Executive								
	Experience								
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1/.	Details of Non relate	ea referees :	:			•••••			
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1 11	ereby declare that the	e details giveir	above are	e true and correct	to the best of my know	wiedge and benei.			
Da	te :			Si	ignature :				
Re	commendation of H	ead of Depart	ment:						
					employed in this Min				
the	orporation / Board a particulars furnishe	sd by him /her a	are corre	His / Her ct. If selected he /	work and conduct are she / can / cannot rel	e satisfactory and eased from his /			
	present post.	,		- 1	, ,	,			

DATE

**HEAD OF DEPARTMENT**