

**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 .....**

| SUBJECT | GRADE | SUBJECT | GRADE |
|---------|-------|---------|-------|
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**12. Degree**

- i. Valid date of Degree : .....
- ii. University / Institution : .....
- iii. Degree / Subject : .....

**13. Postgraduate Qualification**

- i. Valid date of Postgraduate Degree / Diploma : .....
- ii. University / Institution : .....
- iii. Subject : .....

14. Professional qualifications : .....  
.....

15. Other qualifications : .....

16. Experience : .....

17. Details of Non related referees : .....

I hereby declare that the details given above are true and correct to the best of my knowledge and belief.

**Date :** .....

**Signature :** .....

**Recommendation of Head of Department :**

I hereby certify that 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**