Specimen Application

| | For office use only |
|----|--|
| | ජාතික ලේඛනාරක්ෂක දෙපාර්තමේන්තුවේ අධීක්ෂණ කළමනාකරණ සහකාර තාක්ෂණික සේවා ගණයේ |
| - | පුහුණු කිරීමේ ශේණිය සඳහා බඳවා ගැනීමේ විවෘත තරග විභාගය - |
| | <u>2023</u> |
| | Open Competitive Examination for Recruitment to the Post of Supervisory Management Assistant Technical Services Category |
| | Department of National Archives - 2023 |
| | Medium at the examination: Selected post/ posts : |
| | Sinhala - 2 Selection Position No |
| | Tamil - 3 |
| | English - 4 (Mantion in the box.) |
| | (Mention in the box.) (Select according to paragraph no. 02 of the gazette notification) |
| 1. | Full Name (In English Block letters): |
| | |
| | (Ex: HERATH MUDIYANSELAGE SAMAN RATHNAYAKA) |
| 2. | Name with initials (In English Block letters): |
| | |
| | (Ex: H.M.S. RATHNAYAKA) |
| 3. | Full Name (In Sinhala) |
| | |
| 4. | Permanent Address (In Sinhala): |
| | |
| | |
| | (a) Address for the dispatch of the admission card (In Sinhala): |
| | (b) Address for the dispatch of the admission card (In English block letters) : |
| | |
| 5. | Sex : Female Male |
| | |
| 6. | National Identity Card Number: |
| 7. | Telephone Number: |

| 8. | (a) Date of Birth: | | | | | | |
|------|---|-------|-----------|-------|--|--|--|
| | Year Month | Date | | | | | |
| (b) | Age at the closing date of Application: | | | | | | |
| | Years: Mont | h: | Date: | | | | |
| 9. ′ | Training grade applied for: | | | | | | |
| 10. | Educational Qualifications : | | | | | | |
| | (a) G.C.E.(O/L) - First sitting | | | | | | |
| | | | Year: | | | | |
| | | | Index No: | | | | |
| | | | | | | | |
| | Subject | Grade | Subject | Grade | | | |
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| | (b) G.C.E.(O/L) - Second sitting | | Year: | | | | |
| | | | Index No: | | | | |
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| | | | | | | | |
| | Subject | Grade | Subject | Grade | | | |
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(c) G.C.E.(A/L)

Year:

Index No:

| Sul | oject | Grade | Subject | Grade |
|---------------------|---------------|----------------------|---------|-------|
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| 2. Examination Fe | es (Receipt m | nust be attached): | | |
| I. Post office / Su | b post office | at which payment was | s done: | |
| | | | | |
| II. Amount: | | | | |
| | | | | |
| III. Date of the Pa | ayment: | | | |

(Keeping the copy would be useful)

13. Declaration/Statement by Applicant:

I declare that the information given here is true to the best of my knowledge and belief. I am aware that I will be subject to disqualification if the information is found to be false prior to my selection and I will be subject to dismissal without any compensation if it is discovered after the appointment. I further declare that I am subject to the rules and regulations imposed by the Commissioner General of Examinations regarding the conduct of examinations and the issuance of results.

| Date | : | Signature |
|------|----------|-----------|

| 14. Attestation of the Signature of | the Candidate: (Strike out irrelevant words.) |
|-------------------------------------|--|
| I certify that Mr./ M | Irs./Miss submitting |
| this application is personally | known to me and he / she placed the signature before me on |
| day of | and that the due examination fee has been paid and |
| the receipt has been affixed. | |
| | |
| Signature of Certifying Office | er |
| Full name of the Certifying of | fficer: |
| Designation: | |
| Address (Rubber stamp): | |
| | |
| Date: | |
| Note: The application should be co | ertified as mentioned in paragraph 9 (d) of the Gazette Notification. |
| 15. Attestation of the Head of the | Department / Institution |
| - | oplication Mr/Mrs/Miss is working in operation/Board and if he /she will be selected for the above post, ne service of this institution. |
| | Rubber Stamp: |
| Signature of the Head of the I | Department |
| Date | : |
| Name of the head of the Depa | artment: |
| Designation | : |
| Address of the Office | : |