

SRI LANKA POLICE

Reservist Assistant Superintendent of Police (Male / Female) Post of Legal Officer

MODEL APPLICATION FORM

01. (a) Full Name (Sinhala) :.....
(In clear capital letters) Should be as mentioned in the birth certificate.
- (b) Name with Initials (Sinhala) :.....
- (c) Name with Initials (English) :.....
- (d) Gender :.....
02. National Identity Card Number :.....
(A photocopy of the National Identity Card must be attached)
03. (a) Current Address :
.....
.....
- (a) Permanent Address :
.....
.....
- (b) Police Station relevant to the Permanent Address :.....
- (c) Telephone Number - Mobile :.....
Home :.....
04. (a) Nationality :.....
- (b) Are you a Sri Lankan citizen by descent? Or by registration? (If registering, attach a copy of that certificate)
05. Date of Birth :.....
(A copy of the birth certificate should be attached and sent)
- Age - (As of the last date for submitting applications according to the Gazette notification)
Years Months Days
06. Marital Status: - Married/Single/Widowed/Widower/Divorced
If married - Spouse's occupation:
Spouse's workplace:
07. Educational Qualifications :
(Examinations passed should be listed and copies of certificates attached and sent)
(If by registration, attach a copy of the certificate)
08. Professional Qualifications :.....
(Copies of certificates should be attached and submitted)
09. Postgraduate Degrees :.....
(Copies of certificates should be attached)

10. Current Employment Status :

(a) Current Position Held :.....

(b) Grade of the Current Position :.....

(c) Current Place of Employment :.....

I hereby certify that the above information to the best of my knowledge and belief is true and correct. I also understand that if the above-mentioned information is found to be false or untrue, even if I am appointed, I may be subject to immediate termination from the service of the Sri Lanka Police at any time.

Date :.....

.....
Applicant's Signature

11. Certification by the Head of Department (Name only if applicable) :

I hereby certify that the applicant submitting this application..... Mr./Ms./Mrs.
..... is an employee of the department/organization/institution, and I declare that he/she can be released from service if selected for this position.

.....
Signature and official stamp of the Head of Department

Position

Date