SPECIMEN APPLICATION FORM

PUBLIC SERVICE COMMISSION

Recruitment to the Post of Legal Officer (Executive Category - Grade III) of the National Audit Office - 2023

'	(For Office use only)											
	(Indicate the relevant number in the cage. Sinhala - 2/ Tamil - 3/ English - 4)											
	Note: The medium of language applying for cannot be changed.											
01. 1.1	Name in full (Mr/Mrs/Miss): (Sinhala/Tamil)											
1.2	Name in Full :											
1.3	Name with Initials (Mr.Mrs/Miss) :											
1.4	Name with Initials :											
02. 2.1	Permanent Address (In Sinhala/Tamil):											
2.2	Permanent Address (In English Block Capitals) :											
03. 3.1	Gender (Indicate the relevant Number in the cage) Male - 0 Female - 1											
3.2	Marital Status (Indicate the relevant Number in the cage) Married - 1 Unmarried - 2											
3.3	Date of Birth:											
	Year : Date :											
3.4	Age as at 27.02.2023 :											
	Years: Days: Days:											
3.5	National Identitiy Card No. :											

	4.0.	Telephon	e No. Fixe	d Line	: [
			Mob	ile :											
	5.0. 5.1. P		tion from v		e qu	alifica	ation	s we				n of	`call		applications for the Interview. fective Date of Qualification
•	Date of swearing in as an Attorney-at-Law in the Supreme Court: Certificates/documents proving the basic qualification, should be certified by the applicant himself and submitted along with the application														
Pa	rticula	rs on each	qualification	n obtaiı	ned ı	ınder	No.	06 o	f the	not	ificai	iton	of c	allir	ng applications:
	5.2. A	Additional	Educationa	l Qualif	icati	ons :									
	5.3. A	Additional	Professiona	ıl Qualit	ficati	ons:									
	5.4. K	Knowledge	on Inform	ation Te	echno	ology	:								
	5.5. L	Language F	Proficiency				:								
,			roving the submitting			-								_	with the application and keeping them t.
	6.0.	-	u ever been $\sqrt{1}$ in the re								· [No)		Yes

I declare that the particulars given by me in this application are true and correct to the best of my knowledge and that all parts of this application have been filled up accurately and I am aware that if my declaration is found to be false, I am liable to disqualification before selection and to dismissal from service if detected after the appointment and that I am bound to abide by all rules and regulations. Signature of Applicant Date Attestation of the Signature of the Applicant: 8.0. I certify that Mr/Mrs/Miss who submits this application, is personally Signatue of the Attestor Date : Name in Full: Designation: Date: (Should be authenticated by the Official Frank) 9.0. Recommendation of the Head of the Department: I hereby certify that Mr/Mrs/Miss who has furnished above particulars, is working in this Institution, that the particulars furnished by him/her is correct, that his/her work and attendance are satisfactory, that no complaints are against him/her and can be released from the service at this Institution once he/she is selected for this post. Signature of the Departmental/Institutional Head Name: Designation: Address:

7.0.

Date:

(Substantiate with the Official Frank)

Declaration of Applicant: -