

**Specimen Application Form**

(For Office Use Only)

**Limited Competitive Examination for Recruitment to the Post of Sociologist  
Grade II (Departmental) in the Field/Office-Based – Segment 1 Service  
Category of the Department of National Community Water Supply – 2026**

Medium of appearing for the Written Examination:

- Sinhala - 1
- Tamil - 2
- English - 3

01. 1.1 Applicant's Name with Initials:- Mr./Mrs./Miss .....  
.....  
(In English Block Capitals) E.g.: Mr./Mrs./Miss. SILVA A. B.

1.2 Full Name                    :- .....  
(In English Block Capitals) .....

1.3 Full Name                    :- .....  
(In Sinhala/Tamil)                    .....

02. 2.1 Address (Personal)        :- .....  
(In English Block Capitals) .....

2.2 Address (Personal)        :- .....  
(In Sinhala/Tamil)                    .....

2.3 Address (Official)         :- .....  
(In English Block Capitals) .....

2.4 Address (Official)         :- .....  
(In Sinhala/Tamil)                    .....

(Any change in address should be communicated immediately)

2.5 Telephone Number (Personal)    

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2.6 Telephone Number (Official)    

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2.7 E-mail Address :- .....

03. 3.1 Date of Birth:-

Year : 

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 Month: 

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 Day : 

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3.2 Age as at the closing date of applications:- Years: ..... Months: ..... Days: .....



Affix the receipt here so that it does not detach.

09. Certificate of Applicant:-

I declare that I have completed an active and satisfactory period of service as of ..... in accordance with Paragraph 4.2 of the *Gazette* Notification, and that I have not been subjected to any punishment in compliance with the provisions of the Public Service Commission Circular No. 01/2020. I certify that the information provided by me in this application is true and correct. I accept that if any information mentioned herein is found to be false or inaccurate before selection, my application will be cancelled; and if found after selection, I am liable to be dismissed from service without any compensation.

Date :-

.....  
Signature of Applicant

10. Certificate of the Head of Department:- (Based on the Personal File)

I hereby certify that Mr./Mrs./Miss ..... who presents this application is employed in the post of ..... at the Department of National Community Water Supply, that he/she has not been subjected to any punishment in accordance with the provisions of Public Service Commission Circular No. 01/2020, that he/she possesses an active and satisfactory service period of ..... (five/ten) years as per Paragraph 4.2 of the *Gazette* Notification, that he/she has qualified to sit for the examination according to the regulations specified in the relevant *Gazette* Notification, that the prescribed examination fee has been paid and the receipt affixed, and that he/she will/will not be released from the present post if selected for this position.

.....  
Signature of the Head of Department

Name :- .....  
Designation:- .....  
Date :- .....  
(Affix Official Seal)