Specimen Application
Audit Service Commission

Recruitment to the post of Senior Assistant Auditor General in Class I of the Executive Service Category of the Sri Lanka State Audit Service on Direct Stream -2026

(For office use only)

(Indicate the language medium and the relevant number in the cage)

Sinhala-2 / Tamil- 3/ English-4

Note: (Language medium will not be allowed to change subsequently.)

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01. (i) Full Name (Mr./Mrs./Miss): .....
(in Sinhala/ in Tamil)

(ii) Full Name: …….
(in English block capitals)

(iii) Name with initials indicating the initial after last name : ……...……
(in English block capitals):
Example: GUNAWARDHANA, M.G.B.S.K.

02. (i) Permanent Address: ……
(in English block capitals)

(ii) Telephone Number: Field

Mobile

03. (i) Sex (Female/Male): ……

(ii) Civil Status: ……

04. (i) Date of Birth :

Year: ……. Month: Date: …….

(ii) Age as **at 17 August 2026**:

Year: …… Month: …… Date: ……

(iii) Are you a Sri Lankan by descent or registration?
…….

(iv) Nationality: ……...

(v) National Identity Card No.:

05. (i) Educational qualifications you have obtained to apply for this post in accordance with the application calling notice:

Examination	*Year*	*Subjects*

(ii) Professional qualifications you have obtained to apply for this post in accordance with the application calling notice:

Qualification	*Year*	*Institute*

(iii) Field experience you have obtained to apply for this post:

Post	*Institute*	*Duration*

(iv) Language Proficiency :

Sinhala : ☐ Tamil : ☐ English : ☐

06. Details on the current post holding:

(i) Post: ……

(ii) Department/Institute: ……

(iii) Date of Appointment: ……

(iv) Whether permanent, pensionable, temporary, otherwise on contract basis:
…….....

(v) Annual salary scale: ……

(vi) Present annual salary drawn: ……

07. Names and addresses of two referees nominated by the candidate to certify his/her character and capacity

(i) ……
……

(ii) ……
……

08. Certificate by candidate:

I declare that to the best of my knowledge and belief the information given here is true. I also agree to be bound by the rules governing Examinations and any decision that may be taken to cancel my candidature before, during or after the examination, if it is found that I am ineligible according to the regulations of this Examination and if it is found after the appointment, I will be dismissed from the service without any compensation.

Date: ……

.....
Signature of Candidate

09. Attestation of the signature of candidate:

I hereby certify that Mr./Mrs./Miss……., who forwarded this application, is known to me personally and placed his/her signature in my presence on …….

…..……..……..……
Signature and seal of the Attester

Date: ……

Location: …….
(Attested by official seal)

10. Certificate of the Head of the Institution, if the candidate serves in public service/provincial public service:

I hereby certify that the candidate Mr./Mrs./Miss …….is serving in this office from……and his/her work, attendance and conduct is satisfactory and he/she had been confirmed/not confirmed in the service, I personally checked all the information furnished in above 05 with the records available in this office and found correct and he/she signed in my presence on ……

.....
Date: ..... Signature of Head of Institution of Public Service/
Provincial Public Service or
Authorized Officer