

SPECIMEN APPLICATION FORM

RECRUITMENT FOR THE POST OF IN THE SUPERVISORY MANAGEMENT
ASSISTANT (TECHNICAL) - SUPERVISORY SERVICE CATEGORY OF THE DEPARTMENT OF NATIONAL MUSEUMS -
2026

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(For Office Use Only)

Medium of Examination:

Sinhala - 1

Tamil - 2

English - 3

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(Insert the relevant number in the box)

1.0

1.1 Name with Initials:.....

(With initials at the end in English Block Letters) Eg: PERERA A.B.C

1.2 Full Name:

(In English capital letters)

.....
.....

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

1.4 National Identity Card Number :

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1.5 Date of birth :

Year:

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 month:

--	--

 Date:

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1.6 Age as at the closing date for submitting applications:

Year:

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 month:

--	--

 Date:

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1.7 Gender : (male - M, female- F)

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1.8 Marital status : Married :

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 Single :

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(Put a tick ✓)

2.0 Permanent Address:

2.1 In English Capital Letters:

2.2 In Sinhala/Tamil:

2.3 Address to which calling letters should be sent:

3.0 Permanent Residence Details:

- **Provincial Council:**
- **District:**

4.0 Telephone Number:

- **Landline:**
- **Mobile:**

5.0 Educational Qualifications:

1. G.C.E. (Ordinary Level)

- o **Year:**
- o **Index Number:**

<i>Subject passed</i>	<i>Grade obtained</i>

2. G.C.E. (Advanced Level)

- **Year:**
- **Index Number:**

<i>Subject passed</i>	<i>Grade obtained</i>

(Certified copies of certificates confirming educational qualifications should be sent along with the application)

6.0 Professional Qualifications:

<i>Course Followed</i>	<i>Institution</i>	<i>Professional Level Obtained</i>	<i>Date of Course Completion</i>

7.0 Have you ever been convicted of an offense by a court of law :
(Put a tick ✓)

yes ☐

no ☐

8.1 If "Yes", provide details::
.....

8.0 Applicant's Certification:

- (a) I hereby declare that the information provided by me in this application is, true and correct to the best of my knowledge.
- (b) I am aware that if any statement made by me is proven to be false, I will be disqualified for recruitment, and if proven so after receiving the appointment, I am liable to be dismissed from service.
- (c) Furthermore, I declare that I shall abide by the rules and regulations laid down by the Director General of National Museums regarding the conduct of the eligibility assessment interview.
- (d) I shall not alter any information stated herein at a later date.

.....
Signature of Applicant

date :

10.0 Attestation of Applicant's Signature:

I certify that who is submitting this application is personally known to me, and that he / she signed under paragraph 8.0 above in my presence on

.....
Signature of Attestor

Date:

Name of Attestor:

Designation:

Address:

(Confirm with official seal)