

PARLIAMENT OF SRI LANKA Specimen Application Form

Post of Hansard Reporter (.....)/ Committee Reporter (.....)

01. (a)	Name with initials (in Sinhala/Tamil) :-			
(b)	Names denoted by initials (in Sinhala/Tamil) :-			
(c)	Full Name (in block capitals) :- (Mr/Mrs /Miss)			
02.	N. I. C:-			
03. (a)	Private Address :-			
	Telephone Number :-			
(b)	Official Address :-			
	Telephone Number:-			
(c)	Please indicate the address	the admission to be posted		
	Private:	Official:		
04. (a)	Date of Birth:- Year: (A copy of the birth certific	Month: Date: ate should be attached)		
(b)	Age as at the closing date of	of applications:- Years: Mon	ths: Days:	
05.	Civil Status :- (Married/ U	nmarried)		
06.	Gender :- (Male/ Female)			
07.	State whether a citizen of S	ri Lanka :- (Yes/No)		
08.	Education Qualifications :-	(Copies of the certificates should	l be attached)	
	Examination	Subjects	Pass	Year
	CCE			

Examination	Subjects	Pass	Year
ССЕ			
G. C. E			
(A/L)			
(12,2)			

Examination	Subjects	Pass	Year
	Sinhala/ Tamil		
	Mathematics		
	English		
G. C. E			
(O/L)			
(O/L)			

9.	Higher Educational/Professional Qualifications:- (Copies of the certificates should be attached)
10.	Experience :- (Copies of the certificates should be attached)
11.	Details of the Present Employment
	(a) Name and Address of the Institution:
	(b) Present Post:
	(c) Date of first Appointment:
	(d) Monthly Basic Salary:
	(e) Allowances:
	(f) Gross Salary:
12.	Have you been convicted for a criminal offence by a Court of Law? (Yes/No) If yes, give details:
liable t	Have you served under the Government before? (Yes/No) If yes, give details: ereby certify that the particulars furnished by me in this application are true and correct. I am also aware that, I am o be disqualified for this post if any particulars contained herein are found to be false or incorrect before selection, or ismissed without any compensation if such detection is made after appointment.
Date:	Signature of the Applicant.
	Certification of Head of Department/Institution (Only for applicants serving in the Public Service/Provincial Public Service)
Caaratar	
	y-General of Parliament,
and he/s	mend and forward the application of Mr / Mrs /Miss
Data	Signature of Head of Department/Institution (Official Stamp)
Date	



PARLIAMENT OF SRI LANKA Specimen Application Form

	Post of Parliamentary Interpreter (//
01. (a)	Name with initials (in Sinhala/Tamil) :-
(b)	Names denoted by initials (in Sinhala/Tamil) :-
(c)	Full Name (in block capitals) :- (Mr./Mrs.)
02.	N. I. C:-
03. (a)	Private Address :-
	Telephone Number :-
(b)	Official Address :-
	Telephone Number:-
(c)	Please indicate the address the admission to be posted
	Private Official
04. (a)	Date of Birth:- Year:
(b)	Age as at the closing date of applications:- Years: Months: Days:
05.	Civil Status :- (Married/ Unmarried)
06.	Gender :- (Male/ Female)
07.	State whether a citizen of Sri Lanka :- (Yes/No)
08.	Educational Qualifications and Experience: (Copies of the certificates should be attached)
	For those who are applying under 3.3 (a) in the notice

Details of the Degree			
Degree	Subjects	University	Year

	G. C. E (O/L)	
Subject	Pass	Year
Sinhala/ Tamil		
Mathematics		
English		
D	. (Carrier of the carrier of the late	1 - 1\)
	e (Copies of the certificates should be Post	Service
Institute	Post	Service
ho are applying under 3 Subject	G. C. E. (A/L) Pass	Year
	G. C. E. (A/L)	Year
	G. C. E. (A/L)	Year
	G. C. E. (A/L)	Year
Subject	G. C. E. (A/L) Pass G. C. E (O/L)	
Subject	G. C. E. (A/L) Pass	Year
Subject	G. C. E. (A/L) Pass G. C. E (O/L)	
Subject Subject Sinhala/ Tamil Mathematics	G. C. E. (A/L) Pass G. C. E (O/L)	
Subject Subject Sinhala/ Tamil	G. C. E. (A/L) Pass G. C. E (O/L)	
Subject Subject Sinhala/ Tamil Mathematics	G. C. E. (A/L) Pass G. C. E (O/L)	
Subject Subject Sinhala/ Tamil Mathematics	G. C. E. (A/L) Pass G. C. E (O/L)	

Experience (Copies of the certificates should be attached)

Post

Service Period

Institution

9.	Professional Qualifications (copies of the certificates should be attached):
10.	Details of the Present Employment
	(a) Name and Address of the Institution:
	(b) Present Post:
	(c) Date of first Appointment:
	(e) Allowances:
	(f) Gross Salary:
12.	Have you been convicted for a criminal offence by a Court of Law? (Yes/No) If yes, give details:
13.	Have you served under the Government before? (Yes/No) If yes, give details:
	I am liable to be disqualified for this post if any particulars contained herein are found to be false or incorrect before selection, or to be dismissed without any compensation if such detection is made after appointment. Date:
	Certification of Head of Department/Institution
	(Only for applicants serving in the Public Service/Provincial Public Service)
Secr	tary-General of Parliament,
and	mmend and forward the application of Mr / Mrs /Miss
	Signature of Head of Department/Institution
Date	(Official Stamp)