Specimen Application Form

(Reference No.)

Recruitment of Graduates to Grade I (a) of Class 3 in Sri Lanka Teachers' Service for Sinhala, Tamil and English Medium Vacancies existing in Western Provincial Schools – 2023

1.	Language Medium :						
.2	National Identity Card No :						
3.	Date of Birth :						
4.	District of Permanent Residency : (District of permanent residence shall be considered as the district for appearing to the examination.)						
5.	Continuous Permanent Residency in the Western Province as at 25.08.2023 :						
	Years: Months: Days:						
6.	Divisional Secretariat :						
7.	Divisional Secretariat to which the examination fee was paid and the number of the receipt :						
	Firmly affix the original receipt here						
8.	Name in Full (In Sinhala)						
	8.1. Name in Full (In English Block Letters)						
	8.2. Name with Initials (in Sinhala) Mr./Mrs. /Miss.						
	8.3. Name with Initials (in English Block Letters)						
9.	Subject:						
	10. Permanent Address of the Applicant :						
	10.1. Address to which the admission card should be sent :						
11	A mobile phone number which is in use :						
12	E-mail Address :						

13. Educational Qualifications : G.C.E O/L Results

Year :			Index No. :				
						Subject	Merit
1.			6.				
2.			7.				
3.			8.				
4.			9.				
5.			10.				
Year:			Index No. :				
	Year			ي	Merit		
1.							
2.							
3.							
4.							
Details on Higher Education Qualifications 15.1 Degree:- 15.2 Issued University:- 15.3 Effective Date of the Degree:- 15.4 Main Subjects/ Subjects of the Degree:- 15.5 Medium of the Degree:-							
	Are you an applicant under disability condition?						
16.1 If you are an app	licant under pa	ragraph N	No.16 are appearing fo	or the examination und	der Braille medium		

(The information in the sections below should be filled by the applicant in his own handwriting.)

17.	If the appli	cant is applying while in	the government service,
	17.1 Curre	ent Position :	
	17.2 Date	of appoint to that Position	n :
	17.3 Offic	ial Name of the Head of t	he Institution :
	17.4 Nam	e of the Institution :	
	17.5 Addr	ress of the Institution :	
awar	re that I will		information is true and correct according to my knowledge and belief. I am e if found to be unsuitable after appointment. I will not change any of the
Nam	ne of the App	licant with Initials	
Addı	ress		
Sign	ature of the	Applicant	
Date	2		
placed	d his/her sign	nature before me on	who submits this application is known to me personally, he/she
Date :			Signature of the officer attesting the signature.
Full n	name of the o	fficer attesting the signatu	ıre
(Confi	irm with offi	cial stamp)	
19. If	the applica	nt is a government serva	nt, attestation of the Head of the Department
I woul	ld like to info	orm you that he/ she is wo	./Miss
			,
			Signature of the Head of the Department or the Authorized Officer.
Date :			
Minis	stry/Departm	ent :	
	firm with Off		