

PARLIAMENT OF SRI LANKA

Specimen Application Form

| | | Post of | ••••• | •••• | • • • • • • | • • • • • • | • • • • • | • | | | | | |
|-----|---|--|--------|--------|-------------|-------------|---------------|--------|-------|------|----------|------|-------|
| 01. | (a) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| | (b) | Names denoted by initials (in Sinhala/Tamil): | | | | | | | | | | | |
| | (c) | Full Name (in block Capitals): (Mr./Ms.) | | | | | | | | | | | |
| 02. | | National Identity Card Num | ıber | ••••• | | | | | | | | | |
| 03. | 3. (a) Private Address: | | | | | | | | | | | | |
| | | Telephone No: | ······ | ······ | <u> </u> | | ············· | ······ | | | <u> </u> | | ••••• |
| | (b) | Official Address: | | | | | | | ••••• | | | | |
| | | Telephone No | | ····· | | | | | | | | | |
| | (c) | Please indicate the address to which the admission should be posted. Private Office | | | | | | | | | | | |
| 04. | (a) | Date of birth: | | | | | | | | | | | |
| | (b) | Age as at closing date for 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: (Copies of the certificates should be attached) | | | | | | | | | | | | |
| | G.C.E. (O/L) Year | | | | | | | | | | | | |
| | Subje | ect | | | | Pa | SS | | | | | Year | r |
| | | | | | | | | | | | | | |
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| | er Educational Quali es of the certificates sho | | | | | |
|---|--|---|--|--|--|--|
| Degre | ee | | | | | |
| | rience: es of the certificates sho | ıld be attached) | | | | |
| | tution | Position | | Service Period | | |
| | | | | | | |
| | | | | | | |
| (d) Monthly basic salary: (e) Allowances: (f) Gross Salary: Have you been convicted for a criminal offence by a Court of Law? (Yes/No) If yes, give details: | | | | | | |
| | - | ne Government befor | | | | |
| app dis be | plication are true a qualified for this perfalse or incorrect | that all the partice nd correct. I am also ost if any particular before selection, o letection is made af | so aware thars contained referenced to be dism | it, I am liable to herein are found nissed without a | | |
| | | | | | | |

Certification of Head of Department/Institution

| (Only for applicants serving in the | ne Public Service/Provincial Public Service) |
|--|--|
| Secretary - General of Parliament, | |
| holding the post ofhe/she has been/has not been co conduct are satisfactory and that disciplinary action or there is no ir | dication of Mr / Mrs / Miss |
| Date: | Signature of Head of Department/Institution (Official Stamp) |
| Date: | Signature of Head of Department/Institution |