

No.

(for office use only)

Specimen Application Form

Ministry of Justice, Prison Affairs and Constitutional Reforms

Application for the Post of Secretary in the Executive Service Category (Limited Basis) of the Department of Law Commission

01. (a) Name with initials (in Sinhala/Tamil) :-.....
.....
Name with initials (in English Block Capitals) :-
.....
- (b) Full Name (in Sinhala/Tamil) :-
.....
Full Name (in English Block Capitals) :-
.....
02. Permanent Address (in Sinhala/ Tamil) :-
.....
03. Permanent Address (in English Block Capitals) :-
.....
04. Telephone No. :-
05. National Identity Card No. :-

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06. Sex :-
07. Date of Birth :- Year : Month : Date :
08. Age as at the closing date of applications :- Years: Months: Dates:
09. Race :-
10. Marital status :-
11. Particulars of the Post Graduate Degree :-
University :-
Subject/s :-
Date on which the Degree was conferred on :-
Medium of language :-

12. Date of enrolment as an Attorney-at-Law :-
13. Experience as an Attorney-at-Law :-
14. Present Designation :
- Grade :-
- Date of Appointment to that Grade :
- Present Place of Work :
15. Professional Qualifications as per the paragraph 04,02 of this notice of calling for applications :-
- (i)
- (ii)
- (iii)
- (iv)
- (v)
16. Qualifications as per paragraph 09 of this notice of calling for applications :-
- (i)
- (ii)
- (iii)
- (iv)
- (v)

17. Languages proficiency (Mark ✓ in the relevant box)

	Very Good	Good	Ordinary	Weak
Sinhala				
Tamil				
English				

Applicant's Declaration

I, declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I certify that I have not been subject to any form of disciplinary action including dismissal from the service or retirement for general inefficiency as a merciful alternative to dismissal and I have not vacated the post previously. I am also aware that, if any particulars contained herein are found to be false or incorrect, I am liable to disqualification, if detected before selection and to dismissal without compensation, if detected after appointment.

.....
Signature of the Applicant.

Date :-.....

Certificate of the Head of the Department (Every applicant must submit his/her application through the Head of Department)

I do hereby certify that Mr./Mrs./Miss, the applicant above named is serving as attached to ministry/Department and that any disciplinary action, except for warning whatsoever has not been taken against him/her and he/she can be/cannot be released from the service if he/she will be selected for this post.

.....
Signature and official seal of the secretary to the Ministry/
Head of the Department.

Date :-

Name :-

Designation :-

Ministry/ Department :-