## **Model Application**

Recruitment to the Post of Legal Officer Grade III of the Executive Grade Category in the Ministry of Buddhasasana, Religious and Cultural Affairs - 2024.

| (Indicate the relevant number in the cage. Sinhala -2/Tamil -3/English-4)  Note: -The medium applied cannot be changed. |  |
|---|--|
| 1.0 1.1 Name in Full (Mr./Mrs./Miss)  |  |
| 1.2 Name in Full :  |  |
| 1.3 Name with Initials(Mr./Mrs./ Miss):   |  |
| 1.4 Name with Initials:  (In English Block Capitals)  2.0 2.1 Permanent Address  (in Sinhala/Tamil)                     |  |
| 2.2 Permanent Address :   |  |
| 3.0 3.1 Gender: Female - 1  |  |
| 3.2 Marital Status: Married -1 [ (indicate the relevant number in the cage) Unmarried -2                                |  |
| 3.3 Date of Birth: Year Month Date  |  |
| <b>3.4</b> Age as at  |  |

|     | 3.5 National Identity Ca   | ard No :                      |                            |          |                 |                   |        |          |          |          |         |         |        |  |
|-----|--|-------------------------------|----------------------------|----------|-----------------|-------------------|--------|----------|----------|----------|---------|---------|--------|--|
| 4 ( | <b>) 4.1</b> Telephone No. : Fixe  | _                             |                            |          |                 | I                 | ı      |          |          | ı        | ı       |         |        |  |
| 4.( | 74.1 Telephone No Fixe   | ;u                            |                            |          |                 |                   |        |          |          |          |         | ļ<br>   |        |  |
| 5.0 | Educational qualification  | Mobile<br>ns                  |                            |          |                 |                   |        |          |          |          |         |         |        |  |
|     | <b>5.1</b> Degree  |                               | Institution                |          |                 |                   |        |          | Date     |          |         |         |        |  |
|     |  |                               |                            | •••••    | •••••           | ••                |        |          | •••••    |          | •••••   | •••••   | •••••  |  |
| 6.0 | O Date of Swearing in as a   | n Attorney-at                 | -law of tl                 | he Sup   | reme            | Court             | :      |          |          |          |         | •••••   | ···    |  |
|     | <b>6.1</b> Date of completion  | of 3 years' e                 | experience                 | after t  | aking           | oath              | in Suţ | oreme    | Court    | :        |         |         |        |  |
|     | <b>6.2</b> Date of completion  | of 3 years' ex                | xperience                  | in a le  | gal po          | st in a           | ı gove | rnmei    | nt insti | itution  | ı:ı     |         | •••    |  |
|     | * Certificates/documen<br>and submit along with  |                               |                            | lificati | ons, sl         | hould             | be ce  | ertified | l by th  | e appl   | icant l | nimse   | lf     |  |
| 7.0 | Particulars on each of the   | e qualification               | obtained                   | under    | No.06           | of th             | e noti | ficatio  | on of c  | alling   | applic  | cation  | ıs:    |  |
|     | 7.1 Additional Educatio  | nal Qualificat                | ions:                      |          |                 |                   |        |          |          |          |         |         |        |  |
|     | 7.2 Additional Profession  |                               |                            |          |                 |                   |        |          |          |          |         |         |        |  |
|     | 7.3 Knowledge on Infor   |                               |                            |          |                 |                   |        |          |          |          |         |         |        |  |
|     | 7.4 Language Proficience   | ;y: .                         |                            |          |                 |                   |        |          |          |          |         |         |        |  |
|     | Documents in proof of a<br>sponsibility of the applic  | -                             |                            |          |                 |                   |        |          | ne app   | olicatio | on and  | l it is | S      |  |
| 8.0 | 0 Have you ever been con<br>(If yes, Pr  | ovide details)                |                            |          |                 |                   |        |          |          |          |         |         |        |  |
| 9.0 | Declaration of the Applic  | cant :-                       |                            |          |                 |                   |        |          |          |          |         |         |        |  |
|     | I declare that the particular application have been fill be false, I am liable to deappointment and that I are | led up accura isqualification | itely and I<br>n before se | am av    | ware t<br>n and | that if<br>to dis | this o | declara  | ation r  | nade 1   | by me   | is fo   | und to |  |
|     | Date   |                               |                            |          |                 |                   |        |          |          |          | he App  |         |        |  |
|     | Date   |                               |                            |          |                 |                   |        | SI       | gnatul   | ic or ti | nc App  | rical   | ıı     |  |

## I certify that Mr./Mrs./Miss ...... who is submitting this application is personally known to me and he/she has placed his/her signature in my presence on this ...... day of ...... ..... Signature of the Attester Name in full Designation Date (Should be authenticated by the Official Stamp.) 11.0 Recommendation of the Head of the Department: (Only for the officers in public service) I hereby certify that Mr./Mrs./Miss ...... who has furnished above particulars, is working in this institution, and that the particulars furnished by him/her are correct, that his/her work and attendance are satisfactory, that no complaints are against him/her and he/she can be released from the service at this institution once he/she selected for this post. Signature of the Head of the Department/ Institution Name Designation Address Date

10.0 Attestation of the Signature of the Applicant:

(Indicate the official stamp.)