(for office use only)

RECRUITMENT FOR THE POST OF INFORMATION DESK OFFICER OF THE INLAND REVENUE DEPARTMENT - 2024

| 1. | Personal information: | | | | | | |
|----|---|--|--|--|--|--|--|
| | 1.1 Full name (In English Block Capitals) : | | | | | | |
| | | | | | | | |
| | 1.2 Surname written first and initials at the end :- (In English Block Capitals) | | | | | | |
| | (Eg : GUNAWARDHANA, H.M.S.K.) | | | | | | |
| | 1.3 Full Name (In Sinhala/Tamil) :- | | | | | | |
| 2. | 2. 2.1 Permanent Address (In English Block Capitals):- | | | | | | |
| | 2.2 Permanent Address (In Sinhala/Tamil):- | | | | | | |
| | 2.3 The police station pertinent to the permanent address is located : | | | | | | |
| 3. | Gender:- Male - 0: (Indicate the relevant number in the cage) Female - 1 | | | | | | |
| 4. | Civil Status:- Married - 1 :- (Indicate the relevant number in the cage) Unmarried - 2 | | | | | | |
| 5. | Race: ((Indicate the relevant number in the cage) (Sinhalese - 1, Tamil - 2, Muslim - 3, Other - 4) | | | | | | |
| 6. | National Identity Card No.: | | | | | | |
| 7. | Date of Birth: | | | | | | |
| | Year Month Date | | | | | | |
| 8. | Age as at the closing date (As at2024) Years Months Days | | | | | | |
| 9 | Telephone No: | | | | | | |

| 10. | Educat | onal Qualifications : | | | | | |
|-----|---------|---|--|--------------------|--|--|--|
| | G.C.E. | S.C.E. (O/L) | | | | | |
| | I. | Year of Examination: | | | | | |
| | II. | Examination No.: | | | | | |
| | III. | Examination Results : | | | | | |
| | | | | | | | |
| | | Subject | Grade | | | | |
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| | G.C.E. | (A/L) | | | | | |
| | I. | Year of Examination : | | | | | |
| | II. | Examination No.: | | | | | |
| | III. | Examination Results : | | | | | |
| | | Subject | Grade | | | | |
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| 11. | | | | | | | |
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| 12. | Experie | nce: | | | | | |
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| 13. | | you have been dismissed from a post in the pence, details:- | public service or you have been convicted by | a Court of Law for | | | |

14. Certification of the applicant:

- (a) I do hereby honourary declare that the particulars furnished in this application are true to the best of my knowledge. I agree to bear any loss that may occur because of not completing some parts of this and/or not completing accurately and/ or completing inaccurately. Further I declare that I have completed all the parts accurately.
- (b) I know that the statement in the application which is found to be false will make me liable disqualification if the it is detected before the selection and for dismissal if detected after the selection.
- (c) I declare that I have carefully read all the matters of the notification of calling applications before completing the application and agree with all the matters and conditions herein mentioned.

| | Signature of the applicant. |
|---------------------------|---|
| Dat | e: |
| 15. | Attestation of the applicant's signature: |
| | I, certify that I personally know Mr./Mrs./Miss |
| | (Signature of the attester) |
| Dat | e: |
| Des Ado (Pla 16. | I name of the officer who attests the signature : |
| | (Signature of the Head of the Department) |
| Date | e: |
| | I name of the attesting officer: |
| | signation: |
| | dress: |
| (Sho | ould be proved by the official stamp) |