

Specimen Application

Open Competitive Examination for Recruitment to the Executive Category of Grade III Post of Assistant Registrar General of Companies in the Department of the Registrar of Companies under the Ministry of Industry -(2024)

Medium of examination :-
Sinhala - 2
Tamil - 3
English - 4
Write the relevant number in the cage.

01. 1.1 Full Name (In block capitals) :
(For example :- HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.2 Name with initials indicating the initials at the end: (in capital letters) :
.....
(For example :- GUNAWARDHANA, H.M.S.K.)

1.3 Full Name (in Sinhala /Tamil) :

1.4 N.I.C. Number:

02. 2.1 Gender (write relevant number in the cage)

Male - 0
Female - 1

2.2 Marital status :

03. 3.1 Permanent Address :
(In block capitals)

3.2 Permanent Address :
(in Sinhala / Tamil)

3.3 Telephone Number :

04. Date of Birth
Year : Month : Date

4.2 Age as at : Yrs: Months: Days:

05. Whether a citizen of Sri Lanka :
(mention whether by decent or registration)

06.

6.1 Educational Qualifications :

Name of the Degree and Year	University/ Institution	Registration Number	External/ Internal	subjects	Class	Degree Valid date

6.2 Professional Qualifications

6.3. Professional Experience as at

Yrs :..... Months : Days

07. Whether a person considered who got dismissed from the public service or vacated the post :

08. Have you ever been convicted by a Court of Law ? :.....

8.2 If “Yes “furnish information :

09. Particulars of the receipt in payment of examination fees :

9.1 post office to which the examination fees Paid :

9.2 Receipt No. and date :

9.3 Amount paid :

Affix the receipt so as not to be detached:

10. Declaration of the applicant :

I declare that to the best of my knowledge and belief the information given in this form is true and that, I have affixed the receipt No. dated being payment of the examination fee. I also agree to be bound by the rules governing the examination and any decision that may be taken to cancel my candidature prior to, during or after the examination, if it is found that I am ineligible according to the regulations of this examination. I agree to be bound by the rules and regulations imposed by Commissioner General of Examinations on conducting of the exam and issuance of results.

.....
Date

.....
Applicant’s Signature.

11. **Certification of the applicant's signature:**

I certify that Mr./Mrs./Miss. who has submitted this application, is personally known to me and that he/she placed his/her signature on in my presence.

Date :

.....
Signature of the officer certifying the signature

Full name :

Designation:
(Confirm with the official stamp)

12. **Recommendation of the Head of the Institution (only for applicants of Public/Provincial Government/ State Corporations Services).**

I certify that the above mentioned Mr./Mrs./Miss. serves at the Ministry / Department / Institute of, that the information furnished by him/her is accurate, that work and attendance are satisfactory, that no allegations have been leveled against him/her and that if he/she is selected for the post, he/she can be released from the service of this Institution.

Date:

.....
Signature of the Secretary to the Ministry/
Head of Department/Institution.

Name :

Designation :

Date :
(Place the official stamp)