## **Specimen Application**

## Application for the post of ...... in the Merchant Shipping Secretariat of Ministry

## of Transport, Highways, Ports and Civil Aviation

|   | Write the relevant number in the box   |   |                |       |          |                |  |  |  |  |  |  |  |
|---|--|---|----------------|-------|----------|----------------|--|--|--|--|--|--|--|
|   | (Sinhala – 2/Tamil   | - 3/English - 4)  | ot be changed. |       | (For Off | fice use only) |  |  |  |  |  |  |  |
| 01  | . Name of the App  |   | Miss.) :       |       |          |                |  |  |  |  |  |  |  |
| (E.g GUNAWARDHANA, H.M.S.K. (In English capital letters)) |  |   |                |       |          |                |  |  |  |  |  |  |  |
|   | ii. Full name  |   |                |       |          |                |  |  |  |  |  |  |  |
|   | (In English  |   |                |       |          |                |  |  |  |  |  |  |  |
|   | iii. Full name   | e :   |                |       |          |                |  |  |  |  |  |  |  |
|   |  |   |                |       |          |                |  |  |  |  |  |  |  |
|   |  |   |                |       |          |                |  |  |  |  |  |  |  |
| 02.   | (In Sinhala/Tamil)  2. Address & Telephone No.:     i. Official Address:         Phone Number:  ii. Permanent Address:         Phone Number: |   |                |       |          |                |  |  |  |  |  |  |  |
|   | Phone N  | (In Sinhala/Tamil)  dress & Telephone No.:  Official Address:  Phone Number:  Permanent Address:  Phone Number :  Mobile  Number:  Date of Birth  Year:  Month:  Date:  Age as at |                |       |          |                |  |  |  |  |  |  |  |
| 03.   |  |   |                |       |          |                |  |  |  |  |  |  |  |
| 04.   | 04. Age as at  |   |                |       |          |                |  |  |  |  |  |  |  |
| 05.   | . National Iden  | ntity Card Number :   |                |       | •••      |                |  |  |  |  |  |  |  |
| 06.   | 05.         National Identity Card Number :           06.         Gender :   |   |                |       |          |                |  |  |  |  |  |  |  |
| 07.   | . Marital Statu  | s:  |                |       |          |                |  |  |  |  |  |  |  |
| 08.   | . Educational (  | Qualification –   |                |       |          |                |  |  |  |  |  |  |  |
|   | Qualification  | Year obtained<br>Qualification  | Subject Stream | Grade |          | Remarks        |  |  |  |  |  |  |  |
|   |  |   |                |       |          |                |  |  |  |  |  |  |  |
| 09.   | 09. Professional Qualifications –  |   |                |       |          |                |  |  |  |  |  |  |  |
|   | Qualification  | Year obtained<br>Qualification  | Subject Stream | Grade |          | Remarks        |  |  |  |  |  |  |  |
|   |  |   |                |       |          |                |  |  |  |  |  |  |  |

|   | Institute  | Pos                                  | rt  | Functions of<br>the Post in brief  | Period of<br>Service                                 | Remarks          |
|---|--|--------------------------------------|---|--|--|------------------|
|   | b. Maritime  | Professional Expe                    | rience  |  |  |                  |
|   | Vessel Vesel   |                                      | Rank  |  | Sea Service<br>(After obtaining Class I Certificate) |                  |
|   | Name   | Capacity                             | Kunk  | Months   | Days   | Remarks          |
| <ul><li>11.</li><li>12.</li><li>13.</li></ul> | Proficiency i  i. Degree ii. Diploma iii. Certifica  Have you ev  I, hereby de | te Course                            | by a Court  | t of Law?  In provided by me in this approved the subject to                                 | plication is true and corr                           | _                |
|   |  | ior to my selection Date             | and dismissal if such a situation is discovered after the selecti |  |  | 1.               |
| 4.  | I certify that   | t he/she placed his/                 |   | eant<br>who has subr<br>ure onin my  |  | personally known |
| 15.   |  | dation of Head of lublic Service App | _   | nt   |  |                  |
| Depa<br>work                                  | artment/ Instituk and attendance   | te ofee are satisfactory,            | that no all   | s./Missthat the information f legations have been levelled m the service of this Institution | furnished by him/her is a against him/ her and that  | accurate, that   |
|   | Date   |                                      |   | Signature of Head (Place the office  | of Department  |                  |

Particulars of Experience (After obtaining Class I Certificate)

10.

a. Corporate experience