# **Specimen application**

For office use

#### 

Medium appearing for the examination: Designated post / posts : Sinhala - 2 Designation No : Selection Tamil - 3 English - 4 2 (Mention in the box.) 3 4 (Put the numbers according to the Gazette notification paragraph 02.) 01. Full name (in capital letters) : ..... (in capital letters) 02. Name with initials : Mr/Mrs./Miss ..... ..... (In English block letters) Ex: RATHNAYAKA, H.M.S. 03. Full name (In Sinhala) 04. Office Address (In English block letters) : Admission card will dispatch to this address. 05. Private Address (In Sinhala) : Male - 0 06. Sex : Female - 1

(Write the relevant number in the box.)

07.	National Identity card Number :	•							 		
08.	Mobile Number :									 	

09. Date of Birth

Year :			Month :		Date :		

10. G.C.E. (O/L)

10.1 G.C.E. (O/L) – First sitting

Year : \_\_\_\_\_ Index Number : \_\_\_\_\_

Subject	Grade	Subject	Grade

10.2 G.C.E. (O/L)) - Second sitting

Year :	
Index Number :	

Subject	Grade	Subject	Grade

### 11. Details of current / current posts held:

11.1 Earlier post :....

11.2 First date of Appointment :.....

11.3 Date of the permenent:

11.4 Current position and Grade : .....

11.5 Date of permanent in current position:

11.6 Details of the previous service period of the Department of National Archives:

	I. II. III.	Service pe From 	riod To 	Designation	Place of work	
	you have efly:	been subjected	to any disciplina	ary action during the per-	od of service, please provide informa	ation
	-		l by a court on a c es, please provide	-		
14. Ex	amination	Fees (Fixed the 1	receipt.)			
(i)		ce / Sub post offic he payment has d		:		
(ii)	Receipt	Number and date	2	:		
(iii)	Amount			:		
		(It wi		receipt in this box affirmely. ave a copy of this receipt with	the applicant.)	

## 15. Certificate of the applicant :

- (a) I respectfully declare that the information provided by me in this application is true and correct. I agree to bear the consequences of not completing certain parts here and / or incorrectly completing them. I would also like to state that all the sections here have been completed correctly.
- (b) I also know that if this statement made by me proves to be false, I will be disqualified prior to appointment and subject to dismissal upon appointment.
- (c) I also declare that I am subject to the rules and regulations imposed by the Commissioner General of Examinations regarding the conduct of the examination and the issuance of results.

(d) I will not change any of the information mentioned here later.

Date : .....

Signature of the applicant: .....

16. Certification of the applicant's signature:

Date : .....

Signature of the Attester Rubber stamp :

Name of the Attester	:
Designation	:
(Rubber stamp)	

#### **Recommendation and Certificate from the Head of Department**

Date : .....

Signature of Head of the Department Rubber stamp :

.....