Specimen Application Form

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For Office Use Only

Open Competitive Examination for Recruitment to the Post of Parliamentary Officer – 2024

Medium of examination applied for Translation Skills paper:					
	English/Sinhala - 2 English/Tamil -3				
	(Write the relevant number in the box)				
1.0					
1.1)	Full Name :				
	(In Block Capitals)				
1.2)	Full Name :				
	(In Sinhala / Tamil)				
2.0					
1.1)	Permanent Address:				
	(In Block Capitals)				
1.2)	Official Address (if any):				
	(In Block Capitals)				
1.3)	Address to which the Admission Card should be sent :				
	(In Block Capitals)				
2.0					
3.0	Candan Mala O Famala 1				
3.1)	Gender: Male – 0 Female – 1 (Write the relevant number in the box)				
	(Write the relevant number in the box)				
3.2)	National Identity Card No:				
,					
3.3)	Contact Number:				
,					
3.4)	WhatsApp Number:				
	THE CONTRACTOR OF THE CONTRACT				
3.5)	E-mail:				
0.07					
3.6)	Date of Birth:				
3.0)	Year Month Date				
3.7)	Age as at the date on which the qualifications are fulfilled:				
3.1)					
	Year Month Date				

4.1) G.C.E. (O/L) Qualifications:i. Year of Examination and month:						
j	ii. Index No. :					
i	iii. F	Results:				
	Subje	ct	Grade		Subject	Grade
1.				6.		
2.				7.		
3.				8.		
4.				9.		
5.				10.		
	ii. Index No:					
		1.	Subject		(Grade
		2.				
		3.				
		4.				
		7.				
4.3) Details	of the D	Degree:				
ŕ		Effective date of the Degree:				
		Index No.:				
		Name of the Degree:				
		Subjects:				
		•				
Other Quali	fication	s:				
\ T.T	ver been	convicted by	a court of la	w? (Put a	tick (✓) in the rel	evant box)
Have you e				`	` '	,
Have you e If yes, give	e details)					
		Yes No				

7.0 Details of the receipt of payment of examination fee: i. Paid office:
ii. Receipt No. and date: iii. Paid amount :
Stick the receipt here so that it will not be detached. (Keeping a copy of the receipt with you would be useful.)
8.0 Certificate of the Applicant:
a) I declare that the details furnished by me in this application are true and accurate to the best of my knowledge. I agree to bear up the loss that would be caused to me in case any part of this application has not been filled in and/or has been filled in inaccurately.
b) Any information in the application found to be false disclosed before selection will render the applicant liable for disqualification, and to dismissal, in discovered after appointment.
c) I further declare that I will be abide by the rules and regulations that will be imposed by the Commissioner General of Examinations in connection with conducting of the examination.
d) I will not change any information later that I have furnished in this application.
Date:
9.0 Attestation of the signature of applicant
I certify that Mr/Mrs/Miss who submits this application is personally known to me and that he/ she placed his/ her signature in my presence on, and that he/she has paid the due examination fees and has pasted the relevant receipt of such payment on this application form.
Date: Signature
Full name of the attester: Designation: Address: (Official stamp)

10.0 <u>Certification of Head of Department / Institution</u> (Only for applicants serving in the Public Service/Provincial Public Service/Government Corporations/Statutory Boards)

Secretary General of Parliament,						
who has been confirm	pplication of Mr / Mrs /Missned/not confirmed in the post of in this Institution. I certify that his/her work and					
conduct are satisfactory and that he/she has not been subjected to any disciplinary action or there is no intention to make such inquiry. He/she can be released/cannot be released from the service if selected for this post. (please cut off irrelevant words.)						
Date:	Signature of Head of Department/Institution					
	(Official Stamp)					