

Specimen Application Form

**Open Recruitment to the post of Colonization officer Grade III of Supervisory Management Assistant - Technical Service Category of Central Provincial Land Commissioner's Department – 2024**

Examination No :-

(For office use only)

Medium Applied for the examination:

(Indicate the relevant code in the cage)

(Not allowed to change later)

(Sinhala - S, Tamil- T, English – E)

01.

1.1 Name with initials (in English capital letters):- .....  
Mr./Mrs./Miss (Ex:- SILVA A.B.C.D.) .....

1.2 Name with initials (in Sinhala /Tamil):-.....  
Mr./Mrs./Miss .....

1.3 Name denoted by initials (in English capital letters):-.....  
.....

1.4 Name denoted by initials (in Sinhala /Tamil):-.....  
.....

02.

2.1 Permanent Address: - .....  
(In Sinhala/Tamil) .....

2.2 Email Address: - .....

2.3 National Identity Card No.

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2.4 Sex (Indicate the relevant number in the cage)

(Male – 0, Female - 1

2.5 Civil Status:-

Unmarried - 1 Married- 2 (Indicate relevant number in the cage)

03.

3.1 Date of Birth :-

Y	Y	Y	Y	M	M	D	D
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3.2 Age as at closing date of application (2025.01.10) :- Years : ..... Months: ..... days : .....

3.3 Telephone Nos. (To notify on examination)

Mobile:

Fixed:

04. 4.1 Pemanet Residentail District :- .....

Accordingly to electoral register	2021	2022	2023
Electorate District			
Electorate			
Polling Division			
Grama Niladari Division			
Residential No.			
Number order in front of the name			

05. Educational Qualifications :-

5.1. G.C.E. (O/L) Examination:

Year the Examination: .....

Index No.: .....

5.2. G.C.E. (A/L) Examination:

Year the Examination: .....

Index No.: .....

Subjects	Grade

Subjects	Grade

06. Professional (Technological) Qualifications :- Certified copies of documents proving professional qualifications should be attached)

Institution	Course followed	Duration	NVQ level	NVQ Certificate No	Certificate No. and Effective date

07. Other Qualifications: .....  
.....  
.....  
.....  
.....

08. If already in public/ Provincial Public Service
- 8.1. Post held at present: .....
- 8.2. Name and address of the Service station: .....
- 8.3. Date of appointment to the post held: .....
- 8.4. Period of Service: .....
- 8.5. Whether the post is permanent / temporary/ Casual: .....
09. Do you suffer from any disability? .....
- (If yes, give details).....
10. Particulars on payment of the examination fee Rs. 600/-:
- (a) Divisional Secretariat to which the payment was made: .....
- (b) Date: .....
- (c) Receipt No: .....

Receipt is to be affixed here so as not to be detached.  
(It is advisable to keep a photocopy of the receipt)

11. Have you ever been convicted of any offence in the Court of Law? .....
- If yes, give details: .....

**Candidate's Certificate**

12. I do hereby declare that the information furnished here by me true and correct. I am also aware that if any particulars contained herein are found to be false or incorrect before appointment, I am liable to be disqualified before selection or to be dismissed if such detection is made after selection. Furthermore, I agree to be bound by rules and regulations imposed by the Secretary to the Central Provincial Public Service Commission on conducting of the examination and issuing of the results.

Date: .....

.....  
Signature of the applicant

**13. Attestation of Applicant's Signature :**

I do hereby certify that Mr./Mrs./Miss. ...., who submits this application, is known to me personally and that he/ she placed his/her signature in my presence on ..... and further the applicant has paid the prescribed examination fee and pasted the receipt on the applications.

Date: - .....

.....  
Signature of the Officer attesting the signature  
(Place official Stamp)

Full name of Attester: .....

Post: .....

Address: .....

(Place official Stamp)

**14. Certificate of the Head of if applicants is currently serving in Public/ Provincial Public Service**

I do hereby submit the application of Mr./ Mrs./ Miss .....  
Further, it is hereby informed that he/ she is serving in a permanent/temporary/ casual post of this Ministry/ Department/ Institute and he/ she can be released from service, if selected for this post.

.....  
Signature of the Head of the Department or Institute  
(Place official Stamp)

Date .....