

Specimen application

MINISTRY OF AGRICULTURE, LIVESTOCK, LAND AND IRRIGATION

Survey Department

OPEN COMPETITIVE EXAMINATION FOR RECRUITMENT TO THE POST OF MAP TECHNOLOGICAL OFFICER (TRAINING GRADE) IN SRI LANKA TECHNOLOGICAL SERVICE - 2025

(For office use)

1.0 Examination Centre applying to appear for the examination :

2.0 Medium of examination (Sinhala - S, Tamil - T, English - E)
(Write the relevant letter in the given box)

3.0 Name with initials using initials at the end :
(In English Block Letters) E.g. PERERA A.B.C.

3.1 Full name :
(In English Block Letters)

3.2 Full Name :
(In Sinhala/ In Tamil)

3.3 National Identity Card No.:

3.4 Date of Birth: Date: Month: Year:

3.5 Age as at 10.05.2025: Years : Months : Days :

3.6 Gender : (Male - M Female - F)

3.7 Civil Status : Married Unmarried (Put the mark "√" in relevant box)

4.0 Permanent Address (In English Block Letters) :

4.1 Permanent Address :
(In Sinhala/Tamil)

4.2 Address to which admission should be sent :
(In English Block letters)

4.3 Whatsapp Telephone Number (if any) :

5.0 Applicant's permanent resident District :

5.1 Divisional secretariat :

5.2 Grama Niladhari Division :

6.0 Educational Qualifications : (Certified copies of relevant certificates should be attached)

6.1 Details of G.C.E. (O/L) Examination :

- i. Year and Month of the Examination :
- ii. Index Number :
- iii. Result :

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

6.2 Details of G.C.E. (A/L) Examination :

- i. Year and Month of the Examination :
- ii. Index Number :
- iii. Result :

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>

7.0 Vocational/ Technological Qualifications. (Certified copies of relevant certificates should be attached)

- 7.1 Degree/ Course followed :
- 7.2 The name of the institution of which the degree/ course followed :
- 7.3 Duration of the degree/course :

8.0 Other Qualifications :

9.0 Have you ever been convicted in a court of law of any offence (Put the mark "√" in the Relevant cage)

Yes ☐ No ☐

9.1 If "yes" give details :

10.0 If you had previously served in Public/ Provincial Public Service and subsequently resigned, the reason for such resignation :

11.0 Details of Payment of Examination Fees :

- 11.1 Office at which the payment made :
- 11.2 Receipt No. and date :
- 11.3 Amount paid Rs.

*Affix the examination fee payment receipt firmly here
(Keep a photocopy of the receipt with you)*

12.0 Certification of the candidate :

- I declare that the particulars furnished by me in this application are true and correct to the best of my knowledge and that all the sections have been completed correctly.
- I am aware that if this declaration made by me is found to be wrong, I would be disqualified before the appointment and if it is found after the appointment, I would be liable to dismissal from the service.
- Further, I declare that I agree to comply with the rules and regulations laid down by the Surveyor General in respect of conduction of examination and release of results.
- I shall not subsequently change any of the particulars mentioned here.

Date :

.....,

Signature of the Applicant.

13.0 Attestation of the signature of the Applicant :

I certify that Mr./ Mrs./Miss who is submitting the application is personally known to me and he/she placed his/her signature in my presence.

Date :

.....

Signature of Attester.

Full Name of the Attester :

Designation :

Address :

(By affixing the official stamp)

14.0 Applicable only for the officers who are already in the government or semi government institutions.

Attestation of the head of the Department/ Institution -

Mr./Mrs./Miss who submitted this application is serving in this department/ institution from to and it has not been reported unfinished disciplinary charges against him/her. His/her work, behavior and attendance are satisfactory/ unsatisfactory. It is informed that prescribed examination fees have been paid and the receipt has been pasted and that if he/she selected to the post ofhe/she can be/cannot be released from the Department/ Institution.

Date :

.....,

Signature of the Head of the Department/ Institution.