

(For office use)

**Limited Competitive Examination for Recruitment to the Posts in Supervisory Management Assistant
Technical Service Category (MN-03-2016) of the Department of Archaeology under Ministry of
Buddhasasana Religious and Cultural Affairs - 2024/2025**

- | | | | | | | | | | | |
|-----|----------------|----------|--|--|--|--|--|--|--|--|
| 5.0 | Phone Number : | Mobile - | | | | | | | | |
| | | Fixed - | | | | | | | | |

6.0 6.1 Date of Birth: Year: Month: Date:

6.2 Age as at 07.07.2025. Years: Months: Days:

7.0 Educational and Other Qualifications :

7.1 G.C.E. (Ordinary Level) Qualifications : 7.2 G.C.E. (Advanced Level) Qualifications :

Index No. : Year :

Index No. : Year :

<i>Serial No.</i>	<i>Subject</i>	<i>Pass</i>
01.		
02.		
03.		
04.		
05.		
06.		
07.		
08.		
09.		
10.		

<i>Serial No.</i>	<i>Subject</i>	<i>Pass</i>
01.		
02.		
03.		
04.		

7.3 Professional Qualifications :

<i>University / Institute</i>	<i>Course Followed</i>	<i>Date of Validity</i>	<i>Pass</i>

7.4 Service Experience :

<i>Post</i>	<i>Period of Service</i>

8.0 Particulars of the post holding at present :

8.1 Present place of work :

8.2 Post holding at present and Grade :

8.3 Date of appointment to the post :

8.4 Total period of service in the Department :

8.5 Date of confirmation in the post :

9.0 Have you ever been convicted for any offence in a Court of Law ?
(Put the ✓ mark in the appropriate cage. If yes, the details may be mentioned.)

Yes	
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No	
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.....
.....

Receipt obtained by paying examination fees may firmly be affixed here as not to fall.

10.0 Declaration of Applicant :

I hereby certify that the particulars furnished by me in this application are true and accurate and all the parts herein have been correctly completed. I am also aware that if any particulars contained herein are found to be false, before selection, I am liable to be disqualified and to dismiss from service if any inaccuracy is detected after the appointment and I abide by all the rules and regulations. Further, I declare that I will subject to the rules and regulations, imposed by the Commissioner General of Examinations regarding the holding of examination and the issuance of results.

Date :

.....,
Signature of Applicant.

11.0 Attestation of the Signature of Applicant :

I, do hereby certify that Mr. / Mrs. / Miss. who submits this application is personally known to me, he / she placed his / her signature in my presence on....., he / she has made the payment of relevant examination fees and the receipt of the same has been affixed herein this application.

Date :

.....,
Signature of the attesting officer.

Name of the Attesting Officer :

Designation :

Address :

(Confirm by the official frank.)

12.0 Recommendation of the Divisional Director / Assistant Director or Regional Assistant Director :

I certify that Mr. / Mrs. / Miss who submits this application is serving in the capacity of in my Division / office with effect from, , that his / her work and attendance are satisfactory, that there is no any offence against him / her and the receipt of making payment the prescribed examination fee has been affixed.

.....,
Signature of the Divisional Director / Assistant Director
or Regional Director.

Date :

Name :
Designation :
Address :
(Confirm by the official frank.)