	(For Office use only)
Specimen Application	
Practical Test for the Recruitment of Grade III Postal Drivers (Open) Posto f the Department of Posts Sri Lanka	
Language medium :	
Sinhala -2 Tamil -3 English - 4 (Indicate the relevant number in the cage)	
01.(i) Name with initials: In Sinhala/Tamil Mr.	
In English (Block Capitals): Mr.	
(ii) Name in full: In Sinhala/Tamil Mr	
In English (Block Capitals): Mr	
02. (i) Permanent Address (In English Block Capitals)  Calling Letter may be sent to this address	
(ii) In Sinhala/Tamil:	
03. (i) National Identity Card Number :	
(ii) Date of birth: Year Month	Date
(iii) Age as at 25.07.2025:	
Years Months Days	
04. Telephone Number:	
Mobile:	
(WhatsApp No.):	
05. Are you a Sri Lankan citizen? Yes: No: No:	

## 06

No

Yes

Year	Examinatio	n Number	
Subject	Pass	Subject	Pass
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
1.		6.	
Year	Examinatio	n Number	
Subject	Pass	Subject	Pass
2.		7.	
3.		8.	
4.		9.	
5.		10.	
Duofossianal Qualifications			
Professional Qualifications:  I. Driving License Number II. Date of issuance  III. Date of obtaining the Classical Attach a photocopy of Physical Fitness:  Height of the applicant:	lass D (Heavy Vel the Heavy Vehicle	, 2	
I. Driving License Number II. Date of issuance  III. Date of obtaining the Classical Attach a photocopy of Physical Fitness:  Height of the applicant:  Other Qualifications:	lass D (Heavy Velthe Heavy Vehicle	e Driving License)	

(Indicate X where relevant)

	If yes, give details.				
11.		:			
		Firmly affix the receipt here			
12.	Statement of the applicant:				
	am liable to be disqualified if any part	s furnished by me in this application are true and correct. I am also aware that, ticulars contained herein are found to be false or incorrect before selection, or to on if such detection is made after appointment.			
		ne rules and regulations set forth by the Postmaster General regarding the conductor of results, and will not change any particulars provided in this application at a			
	Date:				
		Signature of the Applicant.			
13.	Attestation of signature of the appli				
	I hereby certify that, Mr				
	Date :				
		Signature of the attester.			
		Name:			
		Designation : Address :			
		Official Stamp :			
14.	Certification of the Head of the Department/ Institution (For applicants serving in the Public or Provincial Public service)				
	in this institution since in this institutio				
	Date :	Signature of the Head of the Department/Institution.			
		Name : Designation : Address : Official Stamp :			