

PARLIAMENT OF SRI LANKA

# Specimen Application Form

## POST OF FOOD & BEVERAGES ASSISTANT

01. (a) Name with initials (in English):.....  
.....  
(b) Names denoted by initials (in English) : .....  
.....
02. (c) Full Name (in Block Capitals): Mr./Ms. ....  
.....  
National Identity Card Number . 

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03. (a) Private Address: .....  
.....  
.....  
Telephone No. : 

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WhatsApp No. : 

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- (b) Office Address : .....  
.....  
.....  
Telephone No. : 

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- (c) Please indicate the address to where the admission to be posted  
Private : 

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 Office: 

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04. (i) Date of Birth: Year ..... Month ..... Date .....  
(A copy of the Birth Certificate should be attached)
- (ii) Age as at the closing date of applications: Years: ..... Months: ..... Days: .....
05. Civil Status: (Married/Unmarried)
06. Gender: (Male/Female)
07. State whether a citizen of Sri Lanka: (Yes/No)
08. Educational Qualifications: (Copies of relevant certificates should be attached)

[illegible]

09. Professional Qualifications : (copies of the certificates should be attached )

<i>Course</i>	<i>Institution</i>	<i>Effective date</i>

10. Other Qualifications : (copies of the certificates should be attached)

<i>Institution</i>	<i>Designation</i>	<i>Duration</i>

11. Experience : (copies of the certificates should be attached)

<i>Institution</i>	<i>Post</i>	<i>Service Period</i>

12. Details of Present Employment:

- (a) Name and Address of the Institution: .....
- (b) Date of First Appointment: .....
- (c) Present Post: .....
- (d) Monthly basic salary: .....
- (e) Allowances: .....
- (f) Gross Salary: .....

13. Have you been convicted for any criminal offence by a Court of Law? ( Yes / No )

If so, give details:

.....

14. Have you served under the Government before? ( Yes / No )

If so, give details:

.....

I do hereby certify that all the particulars furnished by me in this application are true and correct. I am also aware that, I am liable to be disqualified for this post if any particulars contained herein are found to be false or incorrect before selection, or to be dismissed without any compensation if such detection is made after appointment.

Date: .....

.....

Signature of the Applicant.

**Certification of Head of Department/Institution**

**(Only for applicants serving in the Public Service/Provincial Public Service)**

Secretary - General of Parliament,

I recommend and forward the application of Mr. / Mrs. /Miss ..... holding the post of .....  
..... in this Institution. I certify that he/she has been confirmed in this post and 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 strike through the irrelevant words.)

Date: .....

.....

Signature of Head of Department/Institution  
(Official Stamp)