

PARLIAMENT OF SRI LANKA

Specimen Application Form

Post of .....

01. (a) Name with initials (in Sinhala/Tamil):- .....  
.....  
(b) Names denoted by initials (in Sinhala/Tamil):- .....  
.....  
(c) Full Name (in block capitals) :- (Mr./ Mrs./ Miss.).  
.....  
.....

02. N. I. C :- 

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03. (a) Private Address :-.....  
.....  
.....

Telephone Number:- 

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- (b) Official Address :-.....  
.....  
.....

Telephone Number :- 

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

Private ☐ Official ☐

04. (a) Date of Birth:- Year : ....., Month: ....., Date: .....  
(A copy of the birth certificate should be attached)

(b) 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 the certificates should be attached)

Examination	Subjects	Pass	Year
G. C. E (A/L)			

<i>Examination</i>	<i>Subjects</i>	<i>Pass</i>	<i>Year</i>
G. C. E (O/L)			

9. Higher Educational/Professional Qualifications:-  
(Copies of the certificates should be attached)

.....  
.....  
.....

10. Experience :- (Copies of the certificates should be attached)

.....  
.....  
.....

11. Details of the Present Employment

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

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

If yes, give details: .....  
.....

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

If yes, give details: .....  
.....

I do hereby certify that 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 the post. His/Her work and conduct are  
satisfactory and he/she has not been subjected to any disciplinary action and there is no intention to make such inquiry.  
He/She can be released/cannot be released from the service if selected for this post.

.....  
Signature of Head of Department/Institution  
(Official Stamp)

Date: .....