

## Specimen Application Form

### Recruitment Examination for the Post of Audio Controller - Department of Cultural Affairs - 2025

*(For Office Use Only)*

#### 01. Personal Information

- I. Full Name (In English CAPITAL letters): .....
- II. Name with initials at the end: .....  
Name with initials (In English CAPITAL letters): .....
- III. Full Name (Mr./Ms./Mrs.) (In Sinhala/Tamil): .....  
.....  
.....
- IV. Permanent Address (In Sinhala/Tamil): .....  
.....
- V. Address to which the admission should be sent: .....  
.....  
.....
- VI. Gender: Male [0] / Female [1] (Write in the appropriate box) ☐
- VII. Marital Status: Married [0] / Unmarried [1] (Write in the appropriate box) ☐
- VIII. Date of Birth: Year     Month   Date
- IX. Age as at 04.09.2025.: Years   Months   Days
- X. National Identity Card No.:
- XI. Mobile Phone Number:

#### 02. Educational Qualifications:

- I. G.C.E. (O/L)  
Year

<i>Subjects</i>	<i>Grade</i>	<i>Subjects</i>	<i>Grade</i>
01.		06.	
02.		07.	
03.		08.	
04.		09.	
05.		10.	

II. G.C.E. (A/L)  
Year:

<i>Subjects</i>	<i>Grade</i>
01.	
02.	
03.	
04.	

**03. Professional Qualifications:**

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**04. Experience:**

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**05. Paste the receipt of payment of the exam fee:**

Please affix one edge of the receipt here. It is advisable to keep a photocopy of the receipt.

**06. Applicant's Certification:**

I declare that the information provided here is true and correct to the best of my knowledge and belief. I also declare that the money order bearing number \_\_\_\_\_ dated \_\_\_\_\_ for the examination fee has been affixed. I agree to abide by the rules and regulations of the examination and agree to the cancellation of my candidature if found ineligible before, during, or after the examination. I further agree to be bound by the rules imposed by the Director of the Sri Lanka Vocational Training Authority regarding the conduct and release of examination results.

Date: .....

Signature of the Applicant: .....

**07. Certification of Applicant's Signature:**

(The applicant's signature should be certified by a Government School Principal, Justice of Peace, Commissioner for Oaths, Attorney-at-Law, Notary Public, Commissioned Officer in the Armed Forces, Gazetted Police Officer, or an officer holding a permanent post in a managerial grade in the Public Service.)

I hereby certify that Mr./Ms./Mrs. ...., who submits this application, is personally known to me and that he/she placed his/her signature in my presence on ..... date.

.....  
Date:

.....  
Signature of Certifying Officer

Full Name:  
Designation:  
Address:  
Date:  
(To be certified with official stamp)

**08. Recommendation of Head of Department (For applicants currently in Public Service):**

I certify that Mr./Ms./Mrs. .... mentioned above is serving in this department/ institution. The information provided by him/her is accurate, his/her work and conduct are satisfactory, and there are no disciplinary charges against him/her. If selected for this post, he/she can be released from this institution.

.....  
Signature of Head of Department/Institution

Name:  
Designation:  
Address:  
Date: .  
(Place official stamp here)