

PARLIAMENT OF SRI LANKA

Specimen Application Form

Post of

01. (a) Name with initials (in English):

(b) Names denoted by initials (in English):
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(c) Full Name (in block capitals):

02. 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) Official Address:

Telephone No.:

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(c) Please indicate the address to which the admission should be posted.
Private ☐ Office ☐

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

(b) Age as at closing date for applications: Years..... Months..... Days.....

05. Civil Status:

06. Gender:

07. State whether a citizen of Sri Lanka: (Yes / No)

08. Educational Qualifications: (Copies of the certificates should be attached)

G.C.E. (A/L)

Subject	Pass	Year

G.C.E. (O/L)

Subject	Pass	Year

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

Course	Institution	Effective Date

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

Institute	Designation	Duration

11. 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:.....

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

If yes, give details.

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

If yes, give details.

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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/Public
Cooperation/Statutory Boards)**

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 / has not been confirmed in this post and his / her work and conduct are satisfactory and that he / she has not been subject to any disciplinary action or there is no intention to make such inquiry. He / she can be released from the service if selected for this post. (Please strike through the irrelevant words.)

Date:

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Signature of Head of Department/Institution
(Official Stamp)