

## Specimen Application Form

Recruitment for the Post of ..... in the Associated Service Category of the Department of National Museums- 2025

(For Official Use Only)

### 1.0 Personal Details

1.1 Name with Initials: (Surname first, in English Capital Letters) *E.g.: PERERA A.B.C*

.....  
.....

1.2 Full Name: (In English Capital Letters)

.....  
.....

1.3 Full Name: (In Sinhala / Tamil) .....

.....

1.4 National Identity Card Number:

|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |
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1.5 Date of Birth:

Day 

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|  |  |
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 Month 

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|  |  |
|--|--|

 Year 

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1.6 Age as at the Closing Date for Applications:

Days 

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 Months 

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|  |  |
|--|--|

 Years 

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1.7 Gender: (Male - M, Female - F)

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1.8 Marital Status: (Mark with a ✓) Married

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Unmarried

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### 2.0 Permanent Address :

2.1 In English Capital Letters: .....

.....

2.2 In Sinhala/Tamil: .....

.....

2.3 Postal Address: .....

.....

### 3.0 Permanent Residence :

3.1 Provincial Council: .....

3.2 District: .....

### 4.0 telephone number :

Landline : 

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mobile : 

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5.0 Educational Qualifications:

| <i>Degree/Postgraduate Qualification Passed</i> | <i>Class</i> | <i>University</i> | <i>Completion of the Date of Degree</i> |
|-------------------------------------------------|--------------|-------------------|-----------------------------------------|
| 1.                                              |              |                   |                                         |
| 2.                                              |              |                   |                                         |
| 3.                                              |              |                   |                                         |
| 4.                                              |              |                   |                                         |

(Certified photocopies of documents verifying educational qualifications must be sent with the application.)

6.0 Professional Qualifications:

| <i>Course of Study</i> | <i>institution</i> | <i>Professional Level Attained</i> | <i>Completion of the Date of Course</i> |
|------------------------|--------------------|------------------------------------|-----------------------------------------|
|                        |                    |                                    |                                         |
|                        |                    |                                    |                                         |
|                        |                    |                                    |                                         |
|                        |                    |                                    |                                         |

7.0 Experience :

| <i>Service station</i> | <i>post</i> | <i>Service period</i> |           |
|------------------------|-------------|-----------------------|-----------|
|                        |             | <i>from</i>           | <i>to</i> |
| 1.                     |             |                       |           |
| 2.                     |             |                       |           |
| 3.                     |             |                       |           |
| 4.                     |             |                       |           |

8.0 Have you ever been convicted by a court on any of the charges :

(put a ✓ mark in the appropriate box )

Yes ☐ No ☐

8.1 if yes mention the description: .....  
 .....

9.0 Applicant's Declaration:

- I hereby declare that the information provided by me in this application is true and correct to the best of my knowledge.
- I am aware that if any declaration made by me herein is subsequently proved to be false, I will be disqualified for employment and, if already appointed, will be liable to be dismissed from service.
- I further declare that I shall abide by the rules and regulations laid down by the Director General of National Museums regarding the conduct of the eligibility assessment interview.
- I will not request to alter any information provided herein at a later date.

.....  
 Signature of Applicant

Date: .....

10. Certification of Applicant's Signature :

I hereby certify that I know the person named ..... who submitted this application, and that he/she signed before me under section 7.0 above on ..... (date).

Date: .....

Name of Certifying Officer: .....

Designation: .....

Address: .....

*(To be authenticated with Official Seal)*

11-289/1