

(for office use only)

OPEN COMPETITIVE EXAMINATION FOR RECRUITMENT TO GRADE III OF THE SRI LANKA ADMINISTRATIVE
SERVICE – 2014(2016) STAGE II

1.0 Medium

1.1 Language medium of examination

Sinhala - 2
Tamil - 3
English - 4

Colombo - 1
Gampaha - 2
Kaluthara - 3

(Indicate the relevant number in the cage)

1.2 Town and Town No. in which you intend to sit the examination

Town	Town No.
<input type="text"/>	<input type="text"/>

(Indicate the relevant Town and Town No. in cage. It will not be allowed to change this subsequently)

2.0 Personal Information :

2.1 Name in full (In English block capitals) :_____.

Eg. : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA

2.2 Name with initials at the end (In English block capitals) :_____.

Eg. : GUNAWARDHANA H.M. S. K.

2.3 Name in full (In Sinhala/Tamil) :_____.

2.4 Permanent address :_____.

(admission card will be posted to this address)

(In English block capitals)

2.5 Permanent address (In Sinhala/Tamil) :_____.

2.6 Sex : Male - 0
Female - 1

(Indicate the relevant number in the cage)

2.7 Civil status : Unmarried - 1
Married - 2

(Indicate the relevant number in the cage)

2.8 Ethnic group :

(Sinhala – 1, Tamil – 2, Indian Tamil – 3, Muslim – 4, Other – 5)

(Indicate the relevant number in the cage)

2.9 National Identity Card No. :

2.10 Date of Birth : Date

Month

Year

2.11 Age as at 20.03.2017 which is the date of fulfilling qualification :

Years :

Months :

Days :

2.12 Telephone No. :

- 3.0 (i) Date of graduation :_____.
- (ii) University/Institute :_____.
- (iii) Registration Number :_____.
- (iv) Internal/External :_____.
- (v) Degree :_____.
- (vi) Subjects :_____.
- (vii) Class :_____.
- Upper/Lower :_____.
- (viii) Effective date :_____.
- (ix) Language medium of Examination :_____.

4.0 Mention the years if you have sat for the examinations held before for recruitment to Sri Lanka Administrative Service :

Number of sittings at the examinations after publishing the Minute of Sri Lanka Administrative Service published in the <i>Gazette Extraordinary</i> of the Democratic Socialist Republic of Sri Lanka No. 1842/2 dated 23.12.2013 (Currently Effective)	Name of the Exam	Appeared/Did not appear
	2013(2015) Open	
	2014(2016) Open	

5.0 Paste the cash receipt properly here.

(Paste one edge of the receipt here securely) (It would be advisable to keep a photocopy of the receipt with the candidate)
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6.0 Declaration of the candidate :

I declare that information given in this form is true to the best of my knowledge and belief and that I have affixed the receipt No..... dated being the payment of the examination fee. I also agree to be bound by the rules governing the examination and any decision that may be taken to cancel my candidature prior to, during or after the examination, if it is found that I am ineligible according to the regulations of this examination. Further, I agree to be bound by the rules and regulations imposed by Commissioner – General of Examinations as conducting of the exam.

_____,
Signature of Applicant.

Date :_____.

7.0 Attestation of the applicant's signature (Para 8(d) of the *Gazette* Notification) :

I hereby certify that (Full name) who submits this application is known to me personally, that he/she has paid the prescribed examination fee and affixed the relevant receipt herein. He/She placed his/her signature in my presence on

_____,
Signature of the Officer attesting the Signature.

Date : _____.
Name in full of the officer attesting the signature : _____.
Designation : _____.
Address : _____.
(To be certified by placing the Official Stamp)

8.0 Certificate of the Head of the Department (only for the applicants in Public Service /Provincial Public Service/ Statutory institution) :

I hereby certify that Mr./Mrs./Miss who is submitting this application is serving in this department as and his/her application is forwarded with my recommendation as per regulations stipulated in this *Gazette* notification. He/she could be released from his/her present post, if selected for the position.

_____,
Signature of Head of Department/Authorized Officer.

Name : _____.
Designation : _____.
Date : _____.
(To be certified by placing the Official Stamp)



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