


Sinhala	- 2	
Tamil	- 3	
English	- 4	

(Write the relevant number inside the box)

07. Ethnicity:

Sinhalese – 1	Ceylon Tamil – 2	<input type="text"/>
Indian Tamil – 3	Muslim – 4	
Burgher – 5	Other – 6	

(Write the relevant number inside the box)

08. Telephone Number :

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09. Physical requirements:

- (i) Height : Feet: Inches....
(ii) Chest (when expanded) : Inches.
(only for male candidates)

10. Have you ever been convicted of any offence in the Court of Law? (Yes/No) :
If yes, give details :

11. Educational Qualifications:

<i>Name of the University</i>	<i>Degree</i>	<i>Class of Degree</i>	<i>Year</i>	<i>Subjects</i>

(I) Highest qualification in English Language at the examination of General Certificate of Education (Ordinary Level)

Year :

Index No. :

(II) Highest qualification in English Language at the examination of General Certificate of Education (Advanced Level)

Year :

Index No. :

12. Examination Fee (Receipt to be attached) :

- (I) Name of the Post Office /Sub Post Office :———.
(II) Amount Paid : Rs. :———.
(III) Date of payment :———.
(IV) Receipt No. :———.

(Paste the receipt here securely)
(It would be advisable to keep a photocopy
with the candidate)

(These particulars should be given compulsorily).

13. Applicant's Declaration/Certification:

I do hereby state that the particulars given by me in the application are true and correct. I am aware that if any particulars contained herein are found to be false or incorrect before selection, I am subject to be disqualified or dismissal from the service without any compensation if it is revealed after selection. Furthermore, I agree to abide by rules and regulations of the Commissioner General of Examinations regarding the conducting of the examination.

Date :———.

_____,
Signature of Applicant.

14. Attestation of Applicant's signature (Delete whichever inapplicable):

I Certify that Mr./Mrs./Miss. who is submitting this application is personally known to me and that he/she placed his/her signature in my presence on thisday of2017. I also certify that he/she has paid the due examination fee and has attached the paid receipt.

Signature of Attestor :———.

Full Name of Attestor :———.

Designation :———.

Address :———.

Date :———.

Note: The attestation should be made by a person referred to in paragraph 7(V) of *Gazette Notification*.

15. I Certify that Mr./Mrs./Miss. who is submitting this application is an employee of this Ministry/ Department/ Board/ Corporation. In the event of his/her selection for the above post he/she can be released.

_____,
Signature of the Head of the Department.

Date :———.

Name of the Head of the Department :———.

Designation :———.

Address of the Department :———.



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ඉදිරියේදී පළ වන රැකියා ඇබැරතු සඳහා
අයදුම්පත් නොමිලයේ Download කර ගැනීමට
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ඔබගේ මිතුරන්ටත් දැන ගැනීමට Share කරන්න.

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විභාග පිළිබඳ තොරතුරු සහ
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