

(For Office Use)

Open Competitive Examination for Recruitment to the Post of Assistant Research Officer in
Parliament of Sri Lanka – 2017 (2018)

1.0	1.1	Medium -	Medium of examination Sinhala - 2 Tamil - 3 (write the relevant number in the box)
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2.0 Personal details -

2.1 Name in full :
(in capital letters) (eg. HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

2.2 Name with the last name first followed by the initials of the other names :
(in capital letters)
(eg. GUNAWARDHANA, H.M.S.K.)

2.3 Name in full :
(in Sinhala / Tamil)

2.4 Permanent address:
.....
(in capital letters) (Admission card will be posted to this address.)

2.5 Permanent Address :
(in Sinhala / Tamil)

2.6 Sex :
Male - 0 (write the relevant number in the box)
Female - 1

2.7 Civil Status :
Single - 1 (write the relevant number in the box)
Married - 2

2.8 National Identity Card Number

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2.9 Date of Birth : Year

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 Month

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 Date

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2.10 Date as at 06.03.2018 on which qualifications should be fulfilled -

Years

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 Months

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 Days

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2.11 Mobile number :

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3.0 Educational Qualifications -

3.1 Details of G.C.E (O/L) / (A/L) examinations -

Year:

Index No:

Subject	Grade	Subject	Grade

3.2 Details of the degree -

- (i) Date of the degree :
- (ii) University/ Institute :
- (iii) Degree :
- (iv) Subjects :
- (v) Grade :
- Upper / Lower division :
- (vi) Date of validation of the degree :

4.0 Paste the receipt firmly.

- I. Office where the payment was made :
- II. Amount paid :
- III. Date of payment :
- IV. Receipt number :

Paste the receipt here.
(Retaining a copy of the receipt would be advantages)

5.0 Certificate of the applicant :

I do hereby declare that the particulars furnished by me above, are true and correct to the best of my knowledge and belief and the relevant receipt numbered dated for the payment of examination fee is also attached hereto. I agree to abide by the rules and regulations of the examination and to comply with any decision taken to cancel my candidacy prior, during and after the examination if I am found disqualified in terms of the conditions of the examination.

Date:

.....
Signature of applicant

06. Attestation of the signature of applicant (Should be as in the Gazette Notification)

I certify that..... (Full name) who submits this application is personally known to me and that he/ she has paid the due examination fees and pasted the relevant receipt such payment on this application form and that he/ she placed his/ her signature in my presence on

Date:

.....
Signature

Full name of the officer who attests the signature:

Designation :

Address :

(Official stamp)

07. Attestation of the Head of the Institution - (Only for the applicants employed in the Public / Provincial state / state corporation services.)

Mr. / Mrs. / Miss Who submits this application is serving as a this Ministry / Department / Institution and I recommend and forward his / her application form. Necessary arrangements can be made to release him / her from service of this institution if selected to the above post.

.....
(Signature of the Head of Institution)

Name :

Designation :

(Official stamp)