Catagory	1	
according to	2	
paragraph	3	Н
No. 01		
	4	

		For Office Use Only
A 1: .:	Registration No.	
Application	·	

Department of Examinations, Sri Lanka Establishment of the Pool of Resource Persons for Examination Duties

	Course/Degree	Institution	Subjects studied	Medium	Peri	od
07.	_	(ii) M & Professional qualification	fedium studied at school:		••••	
				S		Е
				S	Т	Е
				S	Т	Е
				S	Т	Е
	Field No.	Subject Field	Subjects		Mediu	ım
	(ii) Subject fields and sul	bjects intended to apply. (S	Sinhala - S, Tamil - T, English	- E)		
06.	(i) Number intended to	apply according to the table	in paragraph 01. 1 2 3 4			
	(v) If retired, date of ret	irement : Y Y Y Y M M	D D			
	(iii) Service & grade	:(iv) l	Date of appointment to the servi	ce : Y Y Y	YMM	D
05.	(i) Present/ retired post	Present/ retired post: (ii) Date of appointment to the present post: Y Y Y Y M M D				D
04.	(i) National Identity Car	rd No. :				
	(ii) Age (as at 2018.01.3	0) : Years Mont	h Days			
03.	(i) Date of Birth : Y	' Y Y $:$ M M $:$ D D				
	Fax :		Mobile :			
	(a) Official :		(b) Residential :			
	(iii) Telephone No.					
	(c) E-mail :					••••••
	(a) Official :		(-)			
	,	write the address of the pla				
02.	(i) (a) Working in an ins	titution at present	(b) Retired (m	nark√)		
	(ii) Name with Initials: .				••••••	
01.	(i) Full Name : 1	Rev/Prof./Dr./Mr./Mrs./Mis	S		••••••	•••••

09.	Experience in the applied fie	eld.			
	1				
	2				
	3				
	4				
10.	Details of two non-related referees to certify particulars given by you : (optional)				
	Name				
	Post				
	Work Place				
	Telephone No. (Land)				
	(Mobile)				
	of the Commissioner Genera	al of Examinations is f	inal regarding this i	matter.	
	Date]	NIC No.	Signature of th	e Applicant
Cei	rtification				
12.	Only for the officers who s	erve at present			
	I certify that the information applicant is true according to person and he/she is in soun	o his/her personal file a		_	
	Date		Official Stamp	Signature of the Hea	
13.	For retired officers only				
	I certify and solemnly declar correct and that I have not be and that I am in good health	een debarred from exa	mination duties pre	eviously or sent on compul	
	 Date	 1	NIC No.	Signature of th	 le Applicant

Period/Years

Work Place

08. Professional experience

Post