## Open Competitive Examination For Recruitment to the Posts of Inspector of Customs, Grade II of Sri Lanka Customs Department - 2018

Medium in which you sit this Examination:	Town sel		the Town Number	(For office use Only
Sinhala - 2 Tamil - 3 English - 4	1	Town	Town Number	
(Write the relevant number inside the box)	2			
<ul><li>1. Name of the applicant:</li><li>1.1 Name in Full (in block letters):</li></ul>				
Ex: HERATH MUDIYANSELAGE SA				
1.2 Name with Initials at the End: Ex: GUNAWARDHANA, H.M.S.K				
1.3 Name in Full (in Sinhala/Tamil):		•••••		
Address to which the admission card should be	ld be sent:.			
4. Sex: Male - 0 Female - 1				
(Write the relevant number insid	le the box)			
5. (a) Date of Birth: Year N	Month	Date		
(b) Age on the closing date of application	: Year	s	Months Days	]

6. State whether you are a c	itizen of Sri Lanka:			
By descent -1				
By registration - 2				
(Write the relevant number i	inside the box)			
7. Ethnicity:				
Indian tamil - 3 Mu	ylon tamil - 2 ıslim - 4 ner - 6			
(Write the relevant number	inside the box)			
8. Telephone (Mobile) Num	nber:			
9. Physical requirements:	(i) Height feet: inches: (ii) Chest (when expa (only for male car	anded): inch		
10. Have you ever been con if yes, give details:	· ·			
11. Educational Qualifcation (i) General Certifcate of Year of examination Index number:	Education (Advanced		ne sitting:	
Subjects		Porf	ormance	
Subjects		1 crys	<i>simunce</i>	
(ii) General Certificate	of Education (Ordinar	v Level)		
subjects	performance	,	year	Index number
[				

(iii) Have you obtained a simple pass for English Language at the General Certificate of Education (Ordinary Level)? (Yes/No) :......

(i) Name of the Post office /Sub Post offce :	
(iii) Date of payment :	
(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 aware that if any particulars contained herein are found to be false of am liable to be disqualified, or, dismissal from the Service without any Cafter selection. Furthermore, i agree to be bound by rules and regulations of Examination regarding the conducting of the examination.	r incorrect before selection, I Compensation if it is revealed
Date :	
	Signature of Applicant.
14. Attestation of Applicant's signature (Delete whichever inapplicable):	
I certify that Mr./Mrs./Miss.  submitting this application is personally known to me and that he/she p presence on thisday of2014. I also certify that examination fee and has attached the paid receipt.	laced his/her signature in my
Signature of Attester:	
Full Name of Attester:  Designation:  Address:	
Date:	
Note: the attestation should be made by a person referred to in paragraph 7(V) of	f Gazette Notifcation.
15. I certify that Mr./Mrs./Miss who is submitting this applic Ministry/ Department/ Board/ corporation. in the event of his/her selection be released.	
Signature of the	he Head of the Department. Official Stamp)
Date:	
Designation:	

12. Examination Fee (Receipt to be Attached):



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