

EFFICIENCY BAR EXAMINATION FOR AUTHORIZED OFFICERS GRADE I OF THE DEPARTMENT  
OF IMMIGRATION AND EMIGRATION – 2014 (2025)

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(For office use)

Medium of Language sitting the examination :

Sinhala - 2

Tamil - 3

English - 4

(Write the relevant number in the cage.)

01. 1.1 Name in Full (in Capital letters) : .....  
(Eg.: HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.2 Name with last name first, followed by initials of other names (In capital letters):  
.....  
(Eg.: GUNAWARDHANA H.M.S.K)

1.3 Name in Full:.....  
(Sinhala / Tamil)

02. 2.1 Name and Address of Office / Department / Institution:.....  
(In Capital letters)  
(Admission cards will be posted to this address.)

2.2 Name and address of the office / Department /Institution:.....  
(In Sinhala / Tamil)

2.3 Private Address:.....  
(In Sinhala / Tamil)

03. Gender :

Male - 0

Female - 1

(Write the relevant number in the cage.)

04. National Identity Card Number :

05. Mobile Phone number :

06. Phone Number ( Residential) :

07. Email Address :

08. Subject / Subjects you sit the examination in this sitting:

<i>Serial No.</i>	<i>Subject</i>	<i>Subject No.</i>

09. Date of birth :

Year :  Month :  Date :

10. Present Post:

10.1 Post: .....

10.2 Letter of appointment No.: .....

11. 11.1 Are you sitting the examination for the first time? .....

11.2 In case of not sitting the examination for the first time, then the examination fee paid: .....

11.3 Receipt Number: .....

11.4 Date : .....

The receipt may be affixed here (if applicable only)  
(It will be useful to keep a photocopy of the receipt)

12. I state that the above particulars furnished are correct, that I am entitled to sit the examination in the medium of language mentioned above and the receipt obtained after paying the examination fee of Rupees ..... has been affixed. I further state that I agree with the rules and regulations stipulated by the Director General of Sri Lanka Institute of Development Administration regarding the conducting of the examination and the issuance of results.

Date : .....

.....  
Signature of the Candidate

The applicant shall place his /her signature in the presence of the Head of the Department or an officer authorized to sign on behalf of the Head of the Department.

13. Attestation of Signature :

I certify that Mr. / Mrs. / Miss ..... personally known as an Authorized officer in my Department, placed his / her signature in my presence on ..... and the receipt obtained after paying the due examination fee has been affixed.

.....,  
Signature of the officer attesting the signature

Name : .....

Designation : .....

Address : .....

Date : .....

(Confirm with Official Seal)

14. Attestation of the Head of the Department:

I. certify that

1. the particulars furnished above have been checked; and
2. this officer is eligible to sit this examination

.....,  
Signature and the official seal of the Head of the Department.



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JOB VACANCIES  
රැකියා ඇබැරිතු



GOVERNMENT GAZETTE  
රජයේ ගැසට් පත්‍රය



COURSES  
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