

Specimen of Application Form

LIMITED COMPETITIVE EXAMINATION FOR RECRUITMENT TO THE POST OF TECHNICAL ASSISTANT
IN MANAGEMENT ASSISTANT - TECHNICAL - SEGMENT 3 SERVICE CATEGORY (MT-01-2016) OF THE
DEPARTMENT OF ARCHAEOLOGY UNDER THE STATE MINISTRY OF NATIONAL HERITAGE PERFORMING
ARTS AND RURAL ARTS PROMOTION - 2020/2021

(Indicate the language medium of the examination)
(Sinhala - 2, Tamil - 3, English - 4)

(For office use only)

1.0. 1.1 Name in full :
(In English block capitals)

1.2 Name in full (Mr./Mrs./Miss) :
(In Sinhala/Tamil)

1.3 Name with initials :
(In Sinhala/Tamil)

1.4 Name with initials (Mr./Mrs./Miss.) :
(In English block capitals)

2.0. 2.1 Permanent Address :
(In English block capitals)

2.2 Permanent Address :
(In Sinhala/Tamil)

3.0.3.1. Sex : ☐ Male - 0 ☒ Female - 1

3.2. Date of birth : Year : Month : Date :

3.3. Age as at 20.01.2021 : Years : Months : Days :

[illegible]

5.0 Contact Number :	Fixed line :								
	Mobile :								

6.0 Educational Qualifications :

6.1 G. C. E. (O/L) Year : Index Number :

[illegible]

6.2 G. C. E. (O/L) Year :.....

Index Number :.....

<i>Subject</i>	<i>Pass</i>

6.3. Vocational qualifications:

<i>Institute</i>	<i>Course Followed</i>	<i>Effective Date</i>	<i>Level of Vocational Skills</i>

7.0 Experience:

<i>Post</i>	<i>Period of Service</i>

8.0 Particulars of the post held at present :

8.1 Post held at present and grade :.....

8.2 Date appointment to the post :

8.3 Date of confirmation in the post:

8.4 Present service station :.....

8.5 Total period of service in the Department :.....

9.0 Have you ever been convicted from a court for any offense ?

(Indicate ✓ in the relevant cage) (If the answer is yes, indicate particulars)

Yes	
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No	
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10.0 Examination Fee :

Affix the edge of the receipt issued for the payment of Rs. 600/- as examination fee so as to not to be detached (It is advisable to keep a photocopy of the receipt with the candidate.

11.0 Declaration of the candidate:-

I declare that information given in this form is true and correct to the best of my knowledge and all parts of the application have correctly been perfected. I also agree to be bound by the rules governing the examination and also aware that I am liable to be disqualified before the appointment and further to dismissal from service after appointment, if my declaration is found to be false. Further, I agree to be bound by the rules and regulations imposed by Commissioner General of Examinations for conducting and issuing the results of this examination.

Date :

.....,
Signature of the Applicant.

12.0 Attestation of the applicant's signature:

I hereby certify that Mr./Mrs./Miss who submits this application is known to me personally and he/ she placed his/her signature in my presence on And further the receipt issued on payment of prescribed examination fee is affixed herewith.

.....,
Signature of the Officer attesting the Signature.

Date :

Name in full of the officer attesting the signature :

Designation :

Address :

(To be confirmed by placing the Official Stamp)

13.0 Recommendation of the Director in charge of the Division/ Assistant Director or Regional Assistant Director :

I hereby certify that Mr./Mrs./ Miss, who submits this application, is serving in the post of my Division/ Office from his/ her work and attendance are satisfactory and no charge has been leveled against him/her and further the particulars furnished by him/ her are accurate.

Date:

.....,
Signature of the Director in charge of the Division/
Assistant Director or Regional Assistant Director.
(To be confirmed by placing the Official Stamp)