SPECIMEN APPLICATION FORM PUBLIC

SERVICE COMMISSION

APPLICATION FOR THE POST OF LEGAL OFFICER, GRADE III, EXECUTIVE SERVICE CATEGORY, MINISTRY OF PRISONS MANAGEMENT AND PRISONERS REHABILITATION AFFAIRS

Number :- .....
(For office use)

(Write the relevant media number in the box)

Sinhala - 2 / Tamil - 3 / English - 4

Note: - The medium of application cannot be changed

01. (A) Name with Initials (in Sinhala / Tamil) :.....
.

.....

Name with Initials (in capital letters) : .....

.....

(B) Full Name (in Sinhala/) :.....

.....

Full Name (in capital letters): .....

.....

02. Permanent Address (Sinhala / Tamil) :.....

.....

03. Permanent Address (in capital letters): .....

.....

04. Phone Number :.....
05. National Identity Card Number:.....
06. Gender: .....
07. Date of Birth: - Year :....., Month :....., Date .....
08. Closing date for applications Age: - Years .....Months .....Dates .....
09. Nationality :.....
10. Marital status :.....
11. Law Degree Details: -

University: .....

Date of Graduation: .....

Language Medium:.....

12. Date of swearing in as an Attorney at Law: .....
13. Professional Experience as a Lawyer: - Years :.....
14. Eligibility as per paragraph 09 of the call for applications: -

i. .....

ii. .....

iii. .....

iv. .....

v. .....

vi. .....

vii. .....

viii. .....

ix. .....

15. Language Proficiency: - (Mark ✓ in the relevant column)

	Very good	*Good*	*Ordinary*	*Weak*
Sinhala				
Tamil				
English				

Certificate of the applicant

I ..... hereby declare that all the facts mentioned in this application are true and correct. assure you that I have not been dismissed from government service or retired on the grounds of inefficiency as a sympathetic alternative and will not be treated as a resigned. I am aware that I am subject to disqualification if any of the content contained herein is found to be untrue or incorrect prior to my selection, and that I may be dismissed without any undue compensation if such a situation is discovered after the selection. I

.....,
Signature of the applicant.

Date: .....

Certificate from the Head of the Department for Public Service Applicants :

I hereby inform that Mr./Miss/Mrs. ..... is currently working at this Ministry / Department ..... as a permanent / temporary / casual officer and if he / she is selected for this post, he / she can / cannot be released from this service.

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

Date : .....
Name : .....
Position : .....
Ministry / Department : .....