

Specimen Application Form

SOUTHERN PROVINCIAL MINISTRY OF SPORTS

MS-SP/ADM/FO/54

Recruitment for the vacancy of the Post of Sports Officer in Southern Provincial Department of Sports

(Office use only)

1. Name with initials (Mr./Mrs./Miss)

in Sinhala :

.....

In English :

.....

1.1 Names denoted by initials (in block capitals)

in Sinhala :

.....

In English :

.....

2. National Identity Card Number :

3. Date of birth :

Day : Month : Year :

3.1 Age at the closing date of applications:

Days : Moths: Years :

4. Gender (Male - M, Female - F)

5. Civil Status :

6. Permanent Address (In block Capitals) :

.....

7. Telephone Numbers :

Land line :

Mobile :

8. Educational Qualifications :

8.1 G.C.E. (A/L) Examination :

- I. Examination year and month :.....
 II. Index No. :.....
 III. Subjects Passed :.....

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
1.		3.	
2.		4.	

8.2 G.C.E. (O/L) Examination :

- I. Examination year and month :.....
 II. Index No.:.....
 III. Subjects passed

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

9. Sports achievement :

<i>Year</i>	<i>Sport festival</i>	<i>Relevant Level</i>		<i>Game</i>	<i>Achievement/ Place Won</i>
		<i>Provincial</i>	<i>National</i>		

10. Other vocational qualifications :

.....

11. Have you ever been convicted of any criminal offence in a court of law ?

Yes/No.

If yes, give particulars of offence and punishments.

12. Particulars of the receipt obtained by paying examination fee :

- I. The office to which the examination fee was paid :.....
- II. Number and date of the receipt :.....
- III. The amount paid :.....

Affix the receipt firmly here.

13. (a) I hereby declare that the information furnished by me in this Application is true and accurate to the best of my knowledge.
- (b) I know that if this declaration made by me is found to be false, I am disqualified for the post and if it is found to be false after my receiving the appointment, I am liable to be dismissed from the service.
I will not change any of the information mentioned in this application later.

.....
Signature of the applicant.

Date :

14. Attestation of applicant's Signature

I hereby certify that Mr./Mrs./Miss.Submitting this application is personally known to me and he/she placed his signature under paragraph 13 above in my presence.

.....
Signature of the Certifying Officer.

Date :

Name of the Certifying Officer :.....

Designation :.....

Address :.....

(Please confirm with the Official Seal)

15. Recommendation of the Head of Department (only for applicants employed in the Public/Provincial Public Service)

- 15.1. Work, conduct and attendance are satisfactory/not satisfactory in accordance with the Officer's personal file during the five years immediately preceding the closing date of applications.

All salary increments have been earned/not earned.

The officer has been/not been subjected to any disciplinary punishment.

- 15.2 If the Officer is selected to the post being applied he can be/not be released from the present post. The application is/ is not recommended.

.....
Signature and Official seal of the Head of Department.

Date :