

**SPECIMEN APPLICATION FORM**

(For office use)

**LIMITED EXAMINATION FOR THE RECRUITMENT TO THE POST OF DEPARTMENTAL ASSISTANT DIRECTOR (DISTRICT LAND USE), GRADE III EXECUTIVE SERVICE CATEGORY OF LAND USE POLICY PLANNING DEPARTMENT - 2018(2021)**

Medium:

Sinhala - 2, Tamil - 3, English - 4

(Write the relevant number inside the box)

1.0 Full Name (in English block capitals):.....  
(e.g.– HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.1 Name with Initials, with initials at the end (in block capitals): .....  
(e.g.– GUNAWARDANA H.M.S.K.)

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

2.0 Address the admission has to be sent (in block capitals): .....

2.1 Official Address (in block capitals):.....

2.2 Permanent Address(in Sinhala/Tamil): .....

3.0 National Identity Card Number :- 

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4.0 Sex:- Male - 0 Female - 1 

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 (Write the relevant number inside the box)

5.0 Mobile number:- 

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6.0 Marital status:- Married - 1 Unmarried - 2 

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 (Write the relevant number inside the box)

7.0 7.1 Date of Birth : Year : 

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 Month : 

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 Date : 

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7.2 Age as at 07.06.2021 : Years : 

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 Months : 

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 Days : 

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8.0 Date of the first appointment:-

8.1 Designation: .....

8.2 Class/Grade: .....

9.0 Language Proficiency:.....

10.0 District in which currently working:- .....

11.0. Highest Educational Qualifications: (Post Graduate/Degree/Diploma) : .....

.....  
(Indicate subjects and the passing dates)

12.0 Description of the receipt of the exam fee:

12.1 Post Office/Sub Post Office in which the payment has been made: .....

12.2 Receipt No. and Date: .....

12.3 Amount:.....

Affix the receipt firmly here by a margin

I hereby certify that the above particulars furnished by me are true and correct. I am aware that if any particulars contained here are found to be false or incorrect, I am liable to be disqualified if detected before the selection or to be dismissed if detected after selection without any compensation.

Further, I abide to the rules and regulations of the examination imposed by the Commissioner General of Examinations.

.....,  
Applicant's Signature.

Date :.....

13.0 Attestation :

Officer Mr. / Mrs. / Miss ..... I know in my office and I hereby certify that he/she signed in front of me on .....

.....,  
Attester.  
(Signature and Stamp)

Date:.....  
Name of the Attester:- .....  
Designation:- .....  
Address:- .....

14.0 Certificate of the Head of the Department :

Particulars furnished in the application by the officer are true and correct and he/she has paid the relevant examination fee and affixed the receipt.

Since He/She has/has not obtained required qualification, the application is recommended/not recommended.

.....,  
Signature of the Head of the Department.

Date:.....