

## Specimen application

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For office use

**Open Competitive Examination for Recruitment to the post of Supervising Management Assistant  
Technical Services Category Archival Reprographer Training Grade of the Department of National  
Archives - 2021**

1.0

1.1 Medium appearing for the examination:

Sinhala - 2

Tamil - 3

English - 4

(Mention in the box)

5

1.2 Full name (in capital letters);

(Ex: HERATH MUDIYANSELAGE SAMAN RATHNAYAKA)

1.3 Name with initials (In English block letters):

(Ex: H. M. S. RATHNAYAKA)

1.4 Full name (Sinhala/ Tamil):

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2.0

2.1 Permanent address (Sinhala/ Tamil):

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2.2 Address for the dispatch of the admission card ((Sinhala/ Tamil):

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2.3 Address for the dispatch of the admission card ((In English block letters):

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### 3.0

### 3.1 National Identity card Number:

[illegible]

### 3.2 Sex:

Male - 0

7

Female - 1

(Write the relevant number in the box)

### 3.3 Telephone Number : Mobile

[illegible]

Fixed

[illegible]

4.1 Date of Birth

Year :  Month :  Date :

4.2 Age at the last date for receipt of applications:

Years :  Months :  Days :

5.0 Educational Qualifications:

5.1 G.C.E. (O/L) - First sitting

Year :

Index No:

| <i>Subject</i> | <i>Grade</i> | <i>Subject</i> | <i>Grade</i> |
|----------------|--------------|----------------|--------------|
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5.2 G.C.E. (O/L) - Second sitting

Year :

Index No:

| <i>Subject</i> | <i>Grade</i> | <i>Subject</i> | <i>Grade</i> |
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5.3 G.C.E. (A/L)

Year :

Index No:

| <i>Subject</i> | <i>Grade</i> | <i>Subject</i> | <i>Grade</i> |
|----------------|--------------|----------------|--------------|
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6.0 Examination Fees (Fixed the receipt)

- I. Post Office/ Sub Post Office: .....  
Which the payment has done
- II. Amount: .....
- III. Date of the payment: .....
- IV. Number of the receipt: .....

Fix the receipt here.  
(Keep the copy would be useful.)

7.0 Statement of the applicant:

I declare that the information given here is true to the best of my knowledge and belief. I am aware that I will be subjected to disqualification if the information is found to be false prior to my selection and I will be subject to dismissal without any compensation if it is discovered after the appointment. I further declare that I am subject to the rules and regulations imposed by the Commissioner General of Examinations regarding the conduct of examinations and the issuance of results. I also state that the relevant examination fees have been paid and the receipt has been affixed.

.....  
Date

.....  
Signature of the Applicant.

8. 0 Attestation of the signature of the Candidate:

**(Cut out irrelevant words)**

Submitting this application Mr./Mrs./ Miss ..... That I personally know and I hereby certify that he/she ..... was signed in front of me on ..... day of ..... and that the due examination fee has been paid and the receipt has been affixed.

Signature of certifying officer: .....

Full name of the certifying officer: .....

Designation : (Rubber stamp):- .....

Address: .....

Date: .....

*Note:* The application should be certified as mentioned in paragraph 9 (d) of the *Gazette* Notification.

9.0 Attestation of the Head of the Department/ Institution.

I here by certify that Mr/Mrs/Miss ..... Who is working in this Ministry/ Department/ Institution. If he/she will be selected for this post, he/she can/cannot be released from the service.

.....

Rubber Stamp:

Signature of the head of the Department

Date: .....

Name of the head of the Department: .....

Designation: .....

Address of the Office: .....