

Specimen Application

**Application for the post of in the Merchant Shipping Secretariat of Ministry
of Transport, Highways, Ports and Civil Aviation**

Write the relevant medium number in the box	
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(Sinhala – 2/Tamil – 3/English - 4)

(For Office use only)

Note: The medium of application cannot be changed.

01. Name of the Applicant :
- i. Name with initials (Mr./Mrs./Miss.) :
(E.g.- GUNAWARDHANA, H.M.S.K. (In English capital letters))
 - ii. Full name (Mr./Mrs./Miss.) :
.....
(In English capital letters)
 - iii. Full name :
.....
(In Sinhala/Tamil)

02. Address & Telephone No. :
- i. Official Address :
Phone Number :
 - ii. Permanent Address :
Phone Number : Mobile
Number :

03. Date of Birth
Year : Month : Date :

04. Age as at 2024 : (Application Closing Date)
Year : Month : Date :

05. National Identity Card Number :

06. Gender :

07. Marital Status :

08. Educational Qualification –

<i>Qualification</i>	<i>Year obtained Qualification</i>	<i>Subject Stream</i>	<i>Grade</i>	<i>Name of Institution</i>	<i>Remarks</i>

09. Professional Qualifications –

<i>Qualification</i>	<i>Year obtained Qualification</i>	<i>Subject Stream</i>	<i>Grade</i>	<i>Name of Institution</i>	<i>Remarks</i>

10. Particulars of Experience (After obtaining Class I Certificate)
 a. Corporate experience

<i>Institute</i>	<i>Post</i>	<i>Functions of the Post in brief</i>	<i>Period of Service</i>	<i>Remarks</i>

- b. Maritime Professional Experience

<i>Vessel Name</i>	<i>Vessel Capacity</i>	<i>Rank</i>	<i>Sea Service (After obtaining Class I Certificate)</i>		<i>Remarks</i>
			<i>Months</i>	<i>Days</i>	

11. Contributions to the field –
 (Publications and innovations)

12. Proficiency in Computer Literacy

- i. Degree
- ii. Diploma
- iii. Certificate Course

13. Have you ever been convicted by a Court of Law?

I, hereby declare that all the information provided by me in this application is true and correct, that all the parts have been duly completed and that I am aware that I will be subject to disqualification if this declaration is found to be untrue prior to my selection and dismissal if such a situation is discovered after the selection.

.....
 Date

.....
 Signature

14. Attestation of the Signature of the Applicant

I certify that Mr./Mrs./Misswho has submitted this application, is personally known to me and that he/she placed his/her signature on in my presence.

Name -
 Designation -
 Address -
 Date -

15. Recommendation of Head of Department
 (Only for Public Service Applicants)

I certify that the above mentioned Mr./Mrs./Miss Services at the Ministry/ Department/ Institute ofthat the information furnished by him/her is accurate, that work and attendance are satisfactory, that no allegations have been levelled against him/ her and that if he/ she is selected for the post, he/ she can be released from the service of this Institution.

.....
 Date

.....
 Signature of Head of Department
 (Place the official stamp)