

(For office use only)

### Specimen Application Form

#### Limited Competitive Examination for Recruitment to Posts of Agriculture Instructor/ Research Assistant in the Grade III of the Sri Lanka Technological Service in the Department of Agriculture –2025

01. Medium of Examination - Sinhala - 1  
Tamil - 2  
English - 3

(Indicate the relevant number in the cage)

02. Examination Centre - Colombo - 1  
Kandy - 2

(Indicate the relevant number in the cage)

03. Post Applied for :

- Agricultural Instructor - 1
- Research Assistant - 2

Post	Number of the Post
1	
2	

(Indicate the relevant number in the cage)

04. Name :

4.1 Full Name (In English capital letters) :

.....  
Eg. HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA

4.2 Name indicating the last name first and initials of other names at the end –  
(in English capital letters)

.....  
(Eg. GUNAWARDHANA , H.M.S.K)

4.3 Full Name :.....  
(In Sinhala / Tamil)

4.4 National Identity Card Number :

05. Permanent Address :

5.1 In English Capital Letters :.....

5.2 In Sinhala / Tamil : .....

5.3 Address to which the Admission should be sent : .....

(In English Capital Letters) :.....

5.4 District of Permanent Residence :.....

5.5 Divisional Secretariat Division : .....

06. Gender : Female 1 ☐  
 Male 0 ☐  
 (Indicate the relevant number in the cage)

07. Telephone Number :

08. 8.1 Date of Birth : Year :  Month :  Date :

8.2 Age as at the Closing Date of Applications :(26/12/2025)

Years :  Months :  Days :

8.3 Marital Status:

Unmarried - 1 ☐  
 Married - 2 ☐  
 (Indicate the relevant number in the cage)

#### 9. Educational Qualifications (with the medium)

a. G.C.E. (O/L) 1<sup>st</sup> Sitting

Year and Month : .....  
 Index Number : .....  
 Medium : .....  
 Results : .....

2<sup>nd</sup> Sitting

Year and Month : .....  
 Index Number : .....  
 Medium : .....  
 Results : .....

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

#### 10. Professional Qualifications :

<i>Name of the Diploma/ NVQ6</i>	<i>Name of the Institution awarded the Diploma/ NVQ6</i>	<i>Year passed</i>	<i>Medium</i>	<i>Index No.</i>	<i>Date of Validity of the Diploma/ NVQ6</i>

11. Experience :

- 11.1 Present Post -  
11.2 Date of Appointment to the above Post -  
11.3 Date of confirmation in the above Post -  
11.4 Period of permanent and pensionable Service -  
11.5 Have all the salary increments been earned during the period of 05 years immediately preceding as at 26.12.2025?

12. The Post Office/District or Divisional Secretariat to which the examination fee was paid

- 12.1 Date of payment : .....  
12.2 No. of the receipt : .....  
12.3 Amount : .....

Please affix the receipt obtained on payment of examination fee so as to be unglued (Keep a photocopy of the receipt with you)

13. Applicant's affirmation

I do hereby certify that the particulars furnished by me in this application are true and accurate. I am also aware that, if any particulars contained herein are found to be false or incorrect, I am liable to be disqualified before selection or to dismissal without any compensation of such detection is made after appointment. Further, I hereby declare that I am subject to the rules imposed in respect of this examination and decisions taken in respect of releasing the results by the Commissioner General of Examinations. I also certify that only one application is submitted for the post applied by me.

Date : .....

.....,  
Signature of Applicant.

14. Attestation of Head of Unit

I recommend and forward the application of

Mr./Mrs./Miss..... holding the post of ..... in this Unit. I certify that he/she has been confirmed in this post and his/her work and conduct are satisfactory and that he/she has not been subjected to any disciplinary action or there is no intention to make such inquiry and that the particulars given above 01 to 13 are correct.

.....,  
Signature of Head of Unit.  
(Official Stamp)

Date: .....

15. I hereby certify that the above applicant has /has not fulfilled the all requisite qualifications to appear in this examination as per this *Gazette* Notification and he/she has paid the prescribed examination fee and the receipt is affixed and he/she can /can't be released from his/her present post in this Department if he/she is selected.

Date: .....

.....,  
Signature of Head of Unit.

Name, Designation, Address of Head of the Department  
(Official seal)

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## Specimen Application Form

**Limited Competitive Examination for Recruitment to Post of Soil Surveyor in the Grade III of the Sri Lanka Technological Service in the Department of Agriculture –2025**

01. Medium of Examination	- Sinhala	- 1
	Tamil	- 2
	English	- 3

\_\_\_\_\_

(Indicate the relevant number in the cage)

02. Examination Centre - Colombo - 1  
, Kandy - 2

11

(Indicate the relevant number in the cage)

03. Post Applied for	Soil Surveyor
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04. Name :

4.1 Full Name (In English capital letters) :

*Eg.* HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA

4.2 Name indicating the last name first and initials of other names at the end – (in English capital letters)

(Eg. GUNAWARDHANA , H.M.S.K)

4.3 Full Name :.....  
(In Sinhala / Tamil)

4.4 National Identity Card Number :									
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05. Permanent Address :

5.1 In English Capital Letters :.....

5.2 In Sinhala / Tamil : .....

5.3 Address to which the Admission should be sent: .....

(In English Capital Letters) .....

5.4 District of Permanent Residence :.....

5.5 Divisional Secretariat Division : .....

06. Gender : Female 1  
Male 0

(Indicate the relevant number in the cage)

07. Telephone Number :

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08. 8.1 Date of Birth : Year :

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Month :

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Date :

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8.2 Age as at the Closing Date of Applications : (26/12/2025)

Years :

--	--

Months :

--	--

Days :

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8.3 Marital Status:

Unmarried - 1

Married - 2

(Indicate the relevant number in the cage)

## 9. Educational Qualifications (with the medium)

a. G.C.E. (O/L) 1<sup>st</sup> Sitting

Year and Month : .....

Index Number : .....

Medium : .....

Results : .....

2<sup>nd</sup> Sitting

Year and Month : .....

Index Number : .....

Medium : .....

Results : .....

	Subject	Pass		Subject	Pass
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

10. Professional Qualifications :

<i>Name of the Diploma/NVQ6</i>	<i>Name of the Institution awarded the Diploma/ NVQ6</i>	<i>Year passed</i>	<i>Medium</i>	<i>Index No.</i>	<i>Date of Validity of the Diploma/ NVQ6</i>

11. Experience :

- 11.1 Present Post -
- 11.2 Date of Appointment to the above Post -
- 11.3 Date of confirmation in the above Post -
- 11.4 Period of permanent and pensionable Service -
- 11.5 Have all the salary increments been earned during the period of 05 years immediately preceding as at 26.12.2025

12. The Post Office/District or Divisional Secretariat to which the examination fee was paid

- 12.1 Date of payment : .....
- 12.2 No. of the receipt : .....
- 12.3 Amount : .....

Please affix the receipt obtained on payment of examination fee so as to be unglued (Keep a photo copy of the receipt with you)

13. Applicant's affirmation

I do hereby certify that the particulars furnished by me in this application are true and accurate. I am also aware that, if any particulars contained herein are found to be false or incorrect, I am liable to be disqualified before selection or to dismissal without any compensation of such detection is made after appointment. Further, I hereby declare that I am subject to the rules imposed in respect of this examination and decisions taken in respect of releasing the results by the Commissioner General of Examinations. I also certify that only one application is submitted for the post applied by me.

Date : .....

.....,  
Signature of Applicant.

14. Attestation of Head of Unit

I recommend and forward the application of Mr./Mrs./Miss..... holding the post of ..... in this Unit. I certify that he/she has been confirmed in this post and his/her work and conduct are satisfactory and that he/she has not been subjected to any disciplinary action or there is no intention to make such inquiry and that the particulars given above 01 to 13 are correct.

.....,  
Signature of Head of Unit.  
(Official Stamp)

Date: .....

15. I hereby certify that the above applicant has /has not fulfilled the all requisite qualifications to appear in this examination as per this Gazette Notification and he/she has paid the prescribed examination fee and the receipt is affixed and he/she can /can't be released from his/her present post in this Department if he/she is selected.

Date: .....

.....  
Signature of Head of Unit.

Name, Designation, Address of Head of the Department  
(Official seal)

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