

MINISTRY OF FISHERIES, AQUATIC AND OCEAN RESOURCES

Competitive Examination for Recruitment to the Post of Draftsman (Sri Lanka Technological Service) of the Department of Fisheries and Aquatic Resources -2026

Index Number: For office use	<input type="text"/>
Medium of Examination: Sinhala - 2 Tamil - 3 English - 4 (Indicate the relevant number in the given cage) Medium of examination is not allowed to be changed later	<input type="text"/>

1.0 Name:

1.1 Name in full: (English Block Capitals)
(Eg: HERATH MUDIYANSELAGE BUDDHIKA SAMPATH KUMARA GUNAWARDHANA)

1.2 Last name with initials: (in English Block Capitals) _____
(Eg: GUNAWARDHANA H.M.B.S.K.)

1.3 Name in full :
(in Sinhala/Tamil)

2.0 2.1 Permanent Address
(in English Block Capitals)

2.2 Permanent Address:
(in Sinhala/Tamil)

2.3 Official Address:.....
(in English Block Capitals)

2.4 Official Address:
(in Sinhala/Tamil)

2.5 Address to which the Admission Card to be sent (in English Block Capitals):
.....

2.6 National Identity Card No.:

2.7 Sex : Male - 0
Female - 1

(Indicate the relevant number in the cage)

2.8 Telephone No.:

2.9 E-mail Address:

3.0 3.1 Marital status : Married- 1 Single- 2
(Indicate the relevant number in the cage.)

3.2 Date of Birth:

Year					Month			Date	
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3.3 Age as at 13.02.2026

Years	<input type="text"/>	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>
Days	<input type="text"/>	<input type="text"/>

4.0 Educational Qualifications:

4.1 G.C.E.(A/L)

4.1.1 Year:

4.1.2 Index No:

<i>Subject</i>	<i>Grade</i>

4.2 G.C.E.(O/L)

4.2.1 Year:

4.2.2 Index No:

4.3 Professional Qualifications :

<i>Diploma secured</i>	<i>Grade</i>	<i>Year</i>	<i>University/ Institution</i>

Certificate of the Applicant

I hereby declare that the above-mentioned particulars are true and correct to the best of my knowledge. I also agree with any decision taken to cancel my candidature before or during or after the examination if I am found to be ineligible as per the terms and rules applicable to the examination. I further declare that I am subject to the rules and regulations laid down by the Commissioner General of Examinations regarding the conducting of the examination and the release of results.

Date:

.....

Signature of the Applicant.

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