Specimen Application Form

Open Competitive Examination for the Recruitment to the Post of Hostel Warden of class III of the Management Assistant Non Technical Service Category in the Department of Export Agriculture - 2026

Exam Number ☐

(For Office Use)

01. Language medium appearing for the examination :- Sinhala 2
Tamil 3
English 4 (Write the relevant number in the box) ☐

02. Name :-

2.1 Full name (in English capital letters) :-

..... (Example :- HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

2.2 The surname should be written first, followed by the initials of the other names. The name should be written in English capital letters as follows :-
(Ex :- GUNAWARDHANA HMSK)
.....

2.3 Full name (In Sinhala)/ (In Tamil) : .....

03. Permanent Address :- .....
(In Sinhala/ Tamil)

3.1 Permanent residential address :-.....
(In English Capital Letters)

3.2 Phone number (actively used Mobile Whatsapp No.) ☐☐☐☐☐☐☐☐☐☐

Land line number ☐☐☐☐☐☐☐☐☐☐

3.3 Email Address (E-mail) :- .....

04. National Identity Card Number :- ☐☐☐☐☐☐☐☐☐☐☐☐

05. Gender :- Female 1 Male 0 ☐
(Write the relevant number in the box)

06. Married/ unmarried :-
Married - 2 Unmarried - 1 ☐
(Write the relevant number in the box)

07. 7.1 Date of birth :

Year ☐☐☐☐ Month ☐☐ Date ☐☐

7.2 Age as on the last date of receipt of applications :- (.....)
(Example : If the closing date for applications is 31.01.2026, the applicant must have been born between 31.01.1996 and 31.01.2008.)

Years : ☐☐ Months : ☐☐ Days : ☐☐

08. Educational Qualifications :-

(a) G.C.E. (O/L) :-

Year and Month .....

Examination Number .....

Language Medium .....

	Subject	*Grade*		*Subject*	*Grade*
1.			6.		
2.			7.		
3.			8.		
4.			9		
5.			10.		

(b) G.C.E. (A/L) :-

Year and Month .....

Examination Number .....

Language medium .....

	Subject	*Grade*
1.		
2.		
3.		
4.		

- Please attach and submit the educational certificates certified by an officer mentioned in paragraph 6(e) of the notification along with the application.

(c) Experience :-

Name of the institution	*Service time (Years)*

09. Examination fees :-

Money order number from which the examination fee was paid	
Date	
Paid Post Office/ Sub Post Office	
Amount paid	

Paste the original copy of the money order here (Apply gum only on the top of the back of the money order)

10. Applicant's Certificate :-

I hereby certify that the information furnished by me in this application is true and correct. I understand that if any information provided herein is found to be false or incorrect, or if any such information is discovered to be false or incorrect before my selection, I shall be liable to be disqualified. If such information is discovered after my appointment, I shall be liable to be dismissed from service without any compensation.

I hereby declare that I will abide by the rules and regulations imposed by the Director (Extension and Training) of the Department of Agriculture regarding the conduct of this examination and the release of results.

Date :- ....,
Applicant's signature

11. Verification of Applicant's Signature :-

This application is forwarded from ..... I personally know the applicant and certify that he/she affixed his/her signature in my presence on ..... and that the prescribed examination fee has been paid and the receipt has been attached.

.....,
Signature of the officer certifying the signature.

Date :-

Full name of the certifying officer :-

Position :-

Address :-
(Verify with official seal)

12. Applicant in Government Service - Certificate from the Head of the Institution, if Applicable :-

I hereby certify that the above-mentioned Mr./ Mrs./ Miss ..... is serving in the Ministry/ Department/ Office/ Service, that his/her service is satisfactory, and that the prescribed examination has been paid. If selected for appointment on the results of this examination, he/she may/may not be released from the post currently held. I further certify that the information given above is true and correct.

Date : ....,

Signature of the Head of the institution.

Full Name of the certifying officer :- .....

Position :- .....

Address :- .....

(Official seal)