|  |           |        | Spec   | imen 2   | Appli | cation | 1 |   |      |        |        |      |
|--|-----------|--------|--------|----------|-------|--------|---|---|------|--------|--------|------|
|  |           |        |        |          |       |        |   |   |      |        |        |      |
|  |           |        |        |          |       |        |   |   | (For | office | use of | nly) |
| Limited Competitive Examinatio<br>(Agricultural Economics) Grade<br>Department -2024 |           |        |        |          |       |        |   |   |      |        |        |      |
| Medium at the examination :  |           |        |        |          |       |        |   |   |      |        |        |      |
| (write rel   | evant l   | No. in | the ca | ge)      |       |        |   |   |      |        |        |      |
| Sinhala - 2 Tamil - 3 Englis   | h - 4     |        |        |          |       |        |   |   |      |        |        |      |
| 1.0 Name in Full (In English block lette<br>Eg:( HERATH MUDIYANSELAG                 | E KUN     | ИARA   | GUN    | AWAR     | DHA   | NA)    |   |   |      |        |        |      |
| 1.1 Name with last name at the beg   |           |        |        |          |       |        |   | ` |      | _      |        |      |
| (eg: GUNAWARDHANA H.M  |           |        |        |          |       |        |   |   |      |        |        |      |
| 1.2 Name in Full (in Sinhala/Tamil   | ) :       |        |        |          |       |        |   |   | <br> |        |        |      |
| 2:0 Official Address (In English block le  | etters):- |        |        |          |       |        |   |   | <br> |        |        |      |
| (Admission card will be posted   | to this   | addre  | ss)    |          |       |        |   |   |      |        |        |      |
| 2.1 Permanent Address (in Sinhala  | /Tamil    | ) :    |        |          |       |        |   |   | <br> |        |        |      |
| 3.0 National Identity Card Number :  |           |        |        |          |       |        |   |   |      |        |        |      |
| 4.0 Gender :   |           |        |        |          |       |        |   |   |      |        |        |      |
| Male -0 Female; -1 ((w   | rite the  | releva | ant No | . in the | cage  | )      |   |   |      |        |        |      |
| 5.0 Mobile Telephone No. :-  |           |        |        |          |       |        | _ |   |      |        |        |      |
| Fixed Telephone No. :-   |           |        |        |          |       |        |   |   |      |        |        |      |

| 6.0 Civil Status: -  |
|--|
| Married $-1$ Unmarried $-2$ (write the relevant No. in the cage)   |
| 7.0 Date of Birth  |
| Year Month Date  |
| 7.1 Age as at 17.05.2024   |
| Years Months Days  |
| 8.0 Date of First Appointment :  |
| 8.1 Post :   |
| 8.2 Grade :  |
| 9.0 Language Proficiency obtained :  |
| 10.0 The district serving at present ;   |
| 11.0 Basic Degree obtained :   |
| 12.0 Details of receipt for payment of examination fees:   |
| 12.1 Post office/Sub-post office at which the payment made:  |
| 12.2 Receipt number and date:  |
| 12.3 Amount paid:  |
| Firmly fix the receipt here with on border   |
| I declare that the information given here is true to the best of my knowledge and belief. I am aware that I will be subject 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. |
| Signature of the Candidate.  Date :  |
| 13.0 Attestation of the Signature of the Candidate :   |
| I certify that Mr./ Mrs./Misswho is an officer serving in my office submitting this application is personally known to me and he/she placed the signature before me on Day of  |
| Signature of Certifying Officer (Should keep the rubber stamp)   |
| Data   |

| 1396 | I කොටස : (IIඅ) ඡෙදය - ශී ලංකා පුජාතාන්තික සමාජවාදී ජනරජයේ ගැසට් පතුය - 2024.06.07<br>Part I : Sec. (IIA) – GAZETTE OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA – 07.06.2024 |   |  |  |  |  |  |  |  |
|------|---|---|--|--|--|--|--|--|--|
|      | Full name of the Certifying officer :   |   |  |  |  |  |  |  |  |
|      | Designation   |   |  |  |  |  |  |  |  |
|      | Address   | ······································      |  |  |  |  |  |  |  |
| 14.  | Attestation of the head of the Department:-  I certify that the information submitted by the officer in this application is true and correct and that the due                     |   |  |  |  |  |  |  |  |
|      | examination fee has been paid and the receipt has been affixed.   |   |  |  |  |  |  |  |  |
|      | As he/she is eligible/ not eligible to appear for this examination , the application is recommended/not recommended .   |   |  |  |  |  |  |  |  |
|      | Date:   |   |  |  |  |  |  |  |  |
|      |   | Signature and official frank of the Head of |  |  |  |  |  |  |  |

the Department.