

Specimen Application

(For office use only)

Limited Competitive Examination for Recruitment to the Post of Departmental Assistant Director (Agronomy), Grade III of Executive Service Category of the Land Use Policy Planning Department -2024

Medium at the examination :

(write relevant No. in the cage)

Sinhala - 2 Tamil - 3 English - 4

1.0 Name in Full (In English block letters): -----
Eg:(HERATH MUDIYANSELAGE KUMARA GUNAWARDHANA)

1.1 Name with last name at the beginning and initials of other names at the end : (In block letters)

: -----
(Eg: GUNAWARDHANA H.M.S.K)

1.2 Name in Full (In Sinhala/Tamil) :-----

2.0 Official Address (In English block letters):-----

(Admission card will be posted to this address)

2.1 Permanent Address (in Sinhala /Tamil) :-----

3.0 National Identity Card Number :

4.0 Gender :

Male -0 Female; -1 (write the relevant 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)

Date:

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.