PART 1: SEC. (IIA) – GAZETTE OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA – 13.09.2024 SPECIMEN APPLICATION THE FIRST EFFICIENCY BAR EXAMINATION FOR OFFICERS OF SRI LANKA PRINCIPALS' SERVICE - 2024 (THE OFFICERS WHO ARE IN SRI LANKA PRINCIPALS' SERVICE GRADE 3 AND APPOINTED TO SRI LANKA PRINCIPALS SERVICE CLASS 3 ON SUPERNUMERARY BASIS SHOULD BE SAT FOR THE EXAMINATION.) (Forward under registered post to Commissioner General of Examinations, Institutional Examination Organization Branch, Department of Examinations Sri Lanka, P. O. 1503, Colombo through Divisional or Zonal Director of Education / Additional Provincial Director of Education / Provincial Director of Education. Name of the Examination should be mentioned on top left-hand corner of the envelope.) 1. Language medium of the examination (Write relevant No. in the box) Sinhala 3 Tamil 2. i. Name in Full (In English capitals): (Eg:-HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA) ii. Last name first with initials of other names (In English capitals) 

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

iii. Name in Full (In Sinhala/Tamil)

3.	Address  i. Personal: ii. Official: iii. Address to which the admission should be sent:			
		(In English capital	s)	
	iv. Telephone No. : (Official)			
4.	<ul><li>i. Class / Grade in Principals' Service :</li><li>ii. Whether a supernumerary appointment?</li></ul>			
	Yes No			
	iii. School / Office :			
5.	ii. Date of Birth :  Year Month Date			
	iii. Gender:  Male - 0 Female - 1  (Write relevant No. in the box)			
6.	Mobile No.:			
7.	Subjects applied along with subject Nos. as stated in para 02 (a) of t	he Gazette Notification		
	Subject	Subject No.	No. of the Subject Applied	
	Provisions of the Establishments Code and the Procedural Rules of Public Service Commission	of the 01		
	Financial Administration in Schools and Financial Regulations	02		
8.	Write relevant subject No. / Nos. in the box / boxes.  Examination Fees: i. Post / Sub-post Office paid: ii. Amount paid: iii. Date: iv. Receipt No.:			
	Firmly affix the receipt her (Keeping a copy of the receipt will			
9.	I declare that the aforesaid particulars are accurate. I abide by the rules imposed by the Commissioner General of Examinations relating to conducting examinations and issuing results.			
	Date	Signature of the A <sub>1</sub>		

## 10. Commissioner General of Examinations,

I hereby certify that the aforementioned candidate is an officer in my Division/ Zone/ Province and he/she has signed today in my presence. Furthermore, I certify that the candidate is exempted from examination fees/ has accurately affixed the receipt.

Signature of the Divisional or Zonal Director of Education/ Additional Provincial Director of Education / Provincial Director of Education.

Address: Date:	
(Confirm with the official stamp) (Strike off unnecessary words)	
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