

Specimen Application Form

LIMITED COMPETITIVE EXAMINATION FOR PROMOTION TO THE POSTS OF ASSISTANT SUPERINTENDENT OF CUSTOMS, CLASS II DEPARTMENT OF SRI LANKA CUSTOMS- 2017

(for office use only)

Medium in which you sit this examination:

Sinhala - 2 Tamil - 3

English - 4

(Write the relevant number inside the box)

01. Name of the applicant:

1.1 Name in Full (in English Block Capitals):.....
(eg. HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.2 Name with initials at the end (in English Block Capitals)
:.....
(eg. GUNAWARDHANA, H.M.S.K)

1.3 Name in Full (in Sinhala/ Tamil)

.....

02. Address to which the admission card should be sent: (in English Block Capitals):

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.....

03. Particulars of the National Identity Card:

3.1 National Identity Card Number:

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3.2 Departmental Identity Card Number:

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04. Sex:

Male - 0

Female - 1

(Write the relevant number inside the box)

05. Present post and date of appointment to the post:

06. Date of confirmation in the present post:

07. Medium of recruitment to the post:

08. Current working place:

09. Was any disciplinary inquiry held against you within the period of last 5 years?

10. Educational Qualifications:

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11. Other Special Qualifications:

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12. Details of the payment of Examination Fee:

- I. Name of the Post office /Sub Post office:
- II. Receipt No :
- III. Amount Paid : Rs.
- IV. Date of payment:

(Paste the receipt here securely)

13. Applicant's Declaration/Certification:

I do hereby state that the particulars given by me in the application are true and correct. I am eligible to sit for the examination in the medium referred to in para 03 above. Furthermore, I agree to abide by rules and regulations imposed by the Commissioner General of Examinations regarding the conducting of the examination.

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Signature of Applicant

Date

Attestation of Applicant's signature (Delete whichever inapplicable):

I Certify that Mr./Mrs./Miss. who is submitting this application is an officer in the staff of my office / Directorate and he/she is personally known to me. He/she placed his/her signature in my presence on thisday of2017.

Signature :

Date:

Name :

Designation:

Official stamp:

Certification of the Head of the Department

This is to certify Mr./ Mrs./ Miss.submitting this application is serving in the post of Chief Inspector of Customs/ Inspector of Customs Grade 1 in the staff of my office and the particulars referred to in para 01 to 11 are true and accurate. I also certify he/she has paid the prescribed examination fee and affixed the receipt herein and is eligible to sit for the above examination.

Signature :

Date:

Name :

Designation:

Official stamp: