(For office use)

SPECIMEN APPLICATION FORM

PUBLIC SERVICE COMMISSION RECRUITMENT ON OPEN BASIS FOR THE POST OF LEGAL OFFICER (GRADE III OF THE EXECUTIVE SERVICE CATEGORY) - 2024

Indicate the number relevant to the medium you are applying for, in the cage Sinhala–2 Tamil- 3 English - 4 01. 1.1 Name in full (In Block Capitals): (Eg: HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDANA) 1.2 Last name followed by the initials:..... (In Block Capitals) (Eg: GUNAWARDHANA, H.M.S.K.) 1.3 Full name (In Sinhala/Tamil): 1.4 National Identity Card No. : 02. 2.1 Permanent Address (In Block Capitals): 2.2 Permanent Address (In Sinhala/Tamil): 03. 3.1 Gender: Male -(Indicate the relevant number in the cage) Female-3.2 Date of Birth: Month Date Year 3.3 Age as at the closing date (15.08.2024): Months Days Years 3.4 Telephone Number : Fixed - Mobile -3.5 Email Address 04. Educational Qualifications: Degree or the details of the certificate related to swearing in as an Attorney-at-Law in the Supreme Court: I. Date of conferment: II. University or Institute: III. Name of the Degree or Educational Certificate: IV. Effective Date of the Degree Certificate or Educational Certificate:..... V. Class:

VI. Medium of the Degree followed:.....

05	. Additional Educational Qualific	cations:	
	Course	Institution	Qualification/ Effective Date
			of the certificate

06 Experience in the field of Law:		

	Number of cases filed in the	No. of appearing before the
	court	Court
Supreme Court		
Court of Appeal		
High Court		
District Court		
Tribunals		
Human Rights Commission/		
Tribunals		

07.

7.1 Language Proficiency

		Spoken		,	Writing		Reading					
	Very	Good	Weak	Very	Good	Weak	Very	Good	Weak			
	good			good			good					
Sinhala												
Tamil												
English												

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08. Have you ever been convicted before a Court of La (Indicate ✓ in the relevant cage; if yes, give details) Yes No	
 (a) I do solemnly declare that the particulars given to the best of my knowledge. I agree to bear hereof and/or incorrectly completing any part hof this application have been filled up accuratel (b) I am aware that if my declaration is found to be selection and to dismissal from service if detect (c) Furthermore, I do declare that I am bound to all Public Service Commission pertaining to the hof (d) I will make no alternations subsequently to application. 	r the loss incurred by not completing a part hereto. Furthermore, I do declare that all parts by. be false, I am liable to disqualification before ted after the appointment. bide by the rules and regulations made by the olding of the Structured Interview.
Date	Candidate's Signature
10.Attestation of Candidate's Signature:	
I certify that Mr./Mrs./Missis personally known to me and he/she has plathisday of	1.1
Date:	Signature of the Attestor
Name: Designation: Address: (Should be authenticated by the official seal)	
11. Certification of the Head of the Department/Inst Service/Provincial Public Service)	titution (Only for the Candidates in Public
I hereby certify that Mr./Mrs./Misspresently serving in the post of Ministry/Department/Institutionand I recommend as be released from the service of this institution if sel	in this and forward his/her application. He/ She can
Date:	Signature of the Head of the Department/ Institution
Name: Designation: Address: (Should be authenticated by the official seal)	2 sparanent institution