Specimen Application

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

Medium at the examination:	
Sinhala-2	
Tamil-3	(write relevant number in the cage)
English -4	
01. Name in Full (In Sinhala /Tamil):	
1:2 Name with Initials (In Sinhala)	
1:3 Name with Initials (In English Block letters)	
02. Address :	
2.1 Permanent Address (In Sinhala/Tamil)	

PART I: SEC. (IIA) - GAZETTE OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA - 23.08.2024 2.2 Permanent Address (In English)------_____ _____ 2.4 E-mail Address :-----03. Gender : Male - 0 Female -1 (write the relevant No. in the cage) 04. Civil Status: -Married - 1 Unmarried -2(write the relevant No. in the cage) 05. National Identity Card No. 06. Date of Birth: Year :-----Month :-----Date :-----07. Age at the closing date (As at 23/09/2024) Dates :-----Months :-----Years :-----08. Date of First Appointment :- -----8.1 Post :- -----8.2 Grade :- -----9. Language Proficiency obtained :- -----10. The District serving at present :- -----_____ 11. Basic Degree obtained 12. Details on receipt for payment of examination fees: i. Receipt number and date :----ii. Post office/Sub-post office :----iii. Amount :- -----Firmly fix the receipt here with on border

I කොටස : (IIඅ) ජෛදය - ශී ලංකා පුජාතාන්තික සමාජවාදී ජනරජයේ ගැසට් පතුය - 2024.08.23

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.

Date :....

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Signature of the Candidate

I කොටස : (Πඅ) ජෛදය - ශී ලංකා පුජාතාන්තික සමාජවාදී ජනරජයේ ගැසට් පතුය - 2024.08.23 Part I : Sec. (ΠΑ) – GAZETTE OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA – 23.08.2024

13. Attestation of the Signature of the Candidate :

I do hereby certify that the applicant, Mr/Mrs/Miss..... is known to me personally, that he/she placed his/her signature before me on and that the prescribed examination fee is paid and the receipt is affixed

Signature of Certifying Officer (Should keep the rubber stamp)

Date: -----

Full name of the Certifying officer : Designation Certifying officer : .-----: Address Certifying officer : .-----

14. Recommendation of the Head of the Department:-

I certify that the information submitted by the officer Mr/Mrs/Ms------in this application is true and correct and that the due examination fee has been paid and the receipt has been affixed and I recommend and submit his/her application .

Date: -----

Signature of the Head of the Department (Official frank should be placed).

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