**Specimen Application**

 **Ministry of Education** (For Office Use)

**Open Competitive Examination for the recruitment to Grade 3-I (C) of Sri Lanka Teachers’ Service for English teacher vacancies in National and Provincial Schools and for vacancies in the Information Technology, Home Science and Aesthetic Subjects (Arts, Music, Dance) in Northern and Eastern Provinces – 2021**

**1.0**

**1.1** Provide the code number using schedule 01 for the Medium of Language applied for the vacancy

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|  |

 Medium of Language

(Please write the relevant number in the box**)**

1.2Provide the code number using schedule 02 for the District applied for the vacancy

 **(**Please write the relevant number in the box**)**

1.3 The subject applied for

2.0

2.1 Full Name : (In English Block Letters) (Eg:-AMRAKOON MUDIYANSELAGE NAMAL HERATH )

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2.2 Name with last name first and the initials of the other names at the end (Eg:- HERATHA.M.N.)

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2.3 Full Name: (In Sinhala /In Tamil) -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.0.Current Address: (in English Block Capitals) --------------------------------------------------------------------

 (Admissions will be posted to this address)

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3.1National Identity Card No

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3.3 Landline Number

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3.4 Mobile Telephone Number

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3.5 Marital Status: Single -1 Married -2

(Please write the relevant number in the box)

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3.6Date of Birth :

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Date Month Year

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3.7 Age as at 19.03. 2021:

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 Years Months Days

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 4.0 Sex: ( Female -1 Male -0) (Please write the relevant number in the box)

5.0 Particulars about Educational Qualifications:

|  |  |
| --- | --- |
| **G.C.E (Ordinary Level) Examination** | **G.C.E (Advanced Level) Examination** |
| Year ...........Index No: ....................... | Year........... Index No: ....................... |
| SubjectGradeSubjectGrade | Subject Grade |
| 1 | 6 | 1 |
| 2 | 7 | 2 |
| 3 | 8 | 3 |
| 4 | 9 | 4 |
| 5 | 10 |  |

6. 0 Particulars about the Diploma obtained::

 6.1 Diploma obtained:

 6.2 Institute awarded:

 6.3 Effective Date of the DiplomaCertificate:

 6.4 Main subject/subjects followed for the Diploma:

 6.5 Medium of language followed for the Diploma:

 6.6 Period of the Diploma Course:

7.0 Particulars about the payment of Examination Fee:

 7.1 Examination feesPaid Rs.(In letters):.......................................

 7.2 Receipt Number:.......................................

 7.3 Post/sub post office that issued the receipt:.......................................

 7.4 Date:.......................................

Keep a copy of the receipt of payment of examination fee

Firmly affix the receipt here with one border.

I do hereby declare that the particulars furnished here are true according to my knowledge and belief. I am aware that I will be dismissed from the service if it is revealed that I am not eligible to be appointed to this Post after being selected to the Post. Any information mentioned herein will not be altered later. Further, I declare that I will be subject to the rules and regulations imposed by the Commissioner General of Examinations pertaining to the conduct of the Examination and the issuance of results.

 ................. ...............................

Date Signature of Applicant

8.0 **Attestation of Signature of the Applicant:**

I certify that Mr/Mrs/Miss............................................................... submitting this application is personally known to me and he/she placed his/her signature before me on……………………………………………….. .

……………………. ……………….…………

 Date Signature of officer attesting the signature

Full Name of the attester: ………………………………………………………………………..

Designation: ……………………………………………………………………………………...

Address: ………………………………………………………………………………………….

(Substantiate with the Official Stamp)

9.0 **Certification of the Head of the Department in case the applicant is a Public Servant:**

The application of Mr. /Mrs. /Ms. ………………………………………is herewith submitted. I notify that Mr. /Mrs. /Ms. ………………………………………………………..is serving in this Ministry/ Department as a permanent/ temporary / casual employee and that he /she can be released from the service if he/ she is selected for this post.

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Signature of the Head of the Department or

the Authorized Officer

Date: …………………………………………………….

Designation: …………………………………………

Ministry /Department: ………………………………………………………………………..

(Substantiate with the Official Stamp)