

APPLICATION FORM

Office use only

*Limited Competitive Examination for Recruitment to the post of Registrar
Supra Grade in Management Assistant Service of Sri Lanka Railway Department - 2020(2022)*

1.0 Medium

Language Medium of Examination

Sinhala - 2

Tamil - 3

English - 4

(Write the relevant number in the cage) The application form should be in the Language Medium in which the candidate intends to sit the Examination.

2.0 Personal Particulars:

2.1 Full name (In English Block Capitals) :

(Ex.: HERATH MUDIYANSELAGE SAMAN KUMAR A GUNAWARDANE)

2.2 Last Name With Initials: (Ex : GUNAWARDANE , H.M.S.K) :

2.3 Full Name: (In Sinhala/ Tamil):

2.4 Official address (In English Block Capitals) :

[Admission Card will be posted to this address]

2.5 Official address (In English /Tamil)

2.6 Private Address (In Sinhala/ In Tamil) :

2.7 Gender:- [Please write the relevant number in the cage]

Male - 0

Female - 1

2.8 National Identity Card Number :

2.9 Mobile Number :

2.10 Civil status:- [Please write the relevant number in the cage]

Unmarried - 1
Married - 2

2.11 Ethnicity (Sinhala - 1, Tamil - 2, Indian Tamil - 3, Muslims - 4, Others - 5)
[Please write the relevant Number in the cage]

2.12 Date of Birth : Year Month Date

3.0 Language Medium of the Examination /Interview ,You have passed to qualify for the service/grade on :.....

4.0 Have you fulfilled all the qualifications for applying (as per the second paragraph in the *Gazette* Notification):-

- i. Relevant Service : Railway Clerical Service/ Public Management Service (Cut the irrelevant words)
- ii. Age as at : Years : Months : Days :
- iii. Current Office
- iv. Grade:-
- v. Date of that appointment:-
- vi. Date of confirmation in the above post:-
- vii. Salary Code & Salary scale
- viii. Total period of active & satisfactory service as at the date of fulfilling the requisite qualifications..in the relevant service

5.0 Payment of Examination Fee:

- i. Office at which the fee was paid.....
- ii. Paid Amount
- iii. Date of payment.....
- iv. Receipt No.

Paste only one edge of the receipt here, (keep a photocopy of the receipt with you)

6.0 Declaration of the Candidate:-

I hereby declare that I have earned all the increments (except the increment which is a condition of passing of services or departmental tests) immediately prior within 5 years on..... & completed an active & satisfactory service period of over 20 years as per the 2.3 paragraph in the *Gazette* Notification as at & not subjected to any other or a disciplinary punishment (except warning). I hereby declare that I have qualified to sit the examination as per the rules & regulations in the *Gazette* Notification & all the particulars furnished by me in this application are true & accurate to the best of my knowledge. I agree to follow the rules & regulations in this Examination & if it is found to be disqualified as per the recruitment procedure inclusive of the Provisions on the Examination, I am liable to be cancelled my candidature prior or during or after the examination. Further, I am liable to follow the rules & regulations, imposed by the commissioner General of Examinations. I am liable to the decisions taken by the Commissioner General of Examinations in respect of conduct of examination and issue of results.

.....
Date

.....
Signature of the applicant.

7.0 Recommendation of the Head of the Department(As per the applicant's personal file)

I do hereby certify that the applicant Mr./Mrs./Miss is serving as a & all of his/her increments (except the increment which is a condition of passing of services or departmental tests) have been earned within the period of five years prior to & not subjected to any other or disciplinary punishment (except warning) & has completed an active & satisfactory service period of over 20 years as per the 2.1 paragraph in the *Gazette* Notification & qualified to sit the examination as per the rules & regulations in the *Gazette* Notification & he/she put his/her signature before me & has paid the due examination fee & pasted the receipt.

.....,
Signature of the Head of the Department/Authorized Officer.

Name :.....

Designation :.....

Date :.....

(Must attest by an official seal)