

**Specimen Application**

**Limited Competitive Examination for Recruitment of Superintendents of Audit in Executive Service  
Category of the Sri Lanka State Audit Service – 2023 (2024)**

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(For office use only)

The Medium of Language in which  
You are sitting for the Examination

Sinhala - 2

Tamil - 3

English - 4

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(Write the relevant number in the cage)

01. Name in full .....  
.....  
(In English Block Capitals)

02. (i) Present Branch and Address: .....  
.....  
(Any change in the Address should be notified immediately)

(ii) Telephone No:

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03. (Female-1, Male-0)

(Write the relevant number in the cage)

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04. National Identity Card number

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05. (i) Your present Service and relevant Grade, Class and Segment: .....

➤ If you are an officer belonging to the Management Service Officers' Service, the date of appointment to the class II / class I / Supra grade:- .....

(ii) Give your Consolidated Monthly Salary as at 06.05.2024:

(iii) Date of your appointment to the National Audit Office (The then Auditor General's Department) and the continuous period of service completed in this Department as at 06.05.2024

(iv) Give the Medium of language in which you passed the qualifying examination for entry to the Audit Examiners' Service / Management Service Officers' Service .....

06. Certificate of the Candidate

I declare that the information given in this application is true to the best of my knowledge and belief. I also agree to abide by the rules of the examination laid down by the Commissioner General of Examinations and any decision that may be taken to cancel my candidature prior to, during or after the examination, if it is found that I am ineligible according to the conditions of the examination.

Date.....  
Signature of Candidate

07. Affix the receipt firmly to the Application (Retain a photocopy of the receipts with you)

- (i) Number : .....
- (ii) Date : .....
- (iii) Place of Payment : .....
- (iv) Amount Paid Rs. : .....

Firmly affix the receipt here from an edge

08. Certificate of the Supervisory Officer

I hereby certify that Mr/Mrs./Miss.....forwarding this application placed the signature on the application in my presence.

.....  
Signature of the Supervisory Officer

Name : .....

Designation : .....

Date : .....

09. Certificate of the Head of Department

I hereby certify that the information given by Mr./Mrs./Miss ..... forwarding this application, in cages 04(i), (ii), (iii) and (iv) of the application is correct according to the records available in the Department and that he/she is eligible to sit this examination in accordance with the rules specified in the *Gazette* Notification.

Date : .....  
For Auditor General

Any changes to the Medium of language indicated for sitting the examination will not be permitted after the expiry of the last date for receiving applications