(For Office use only)

Specimen Application

<u>Practical Test for the Recruitment of Grade III Postal Drivers (Open) Posts in the Primary</u> <u>Level Skilled Category of the Department of Posts Sri Lanka – 2025</u>

Language medium	
Sinhala -2	
Tamil -3	
English - 4 (Indicate the relevant number in the cage)	
(indicate the relevant number in the edge)	
01.(i) Name with initials:	
In Sinhala/Tamil Mr	
In English (Block Capitals): Mr	
(ii)Name in full:	
In Sinhala/Tamil Mr	
In English (Block Capitals): Mr	
02. (i) Permanent Address (In English Block Capitals) Calling Letter may be sent to this address	
(ii) In Sinhala/Tamil:	
03. (i) National Identity Card Number] .
(ii) Date of birth: Year Month Date	
(iii) Age as at 25.07.2025:	
Years Months Days	
04. Telephone Number:	
Mobile	
(WhatsApp No)	
05. Are you a Sri Lankan citizen? Yes No	
(Indicate X where relevant)	

06. Educationa	l Qualifications:
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6.1. G.C.E. (O.L): First attempt

Year	Examination Number

Subject	Pass	Subject	Pass
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

6.2. G.C.E. (O.L): Second attempt

tion Number
1

Subject	Pass	Subject	Pass
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

7.	Profes	ssional Qualifications:		
	I.	Driving License Number		
		Date of issuance		
II	I.	Date of obtaining the Class D (Heavy Vehicles) Driving License		
		(Attach a photocopy of the Heavy Vehicle Driving License)		
8.	Physic	cal Fitness:		
		t of the applicant:Feet		
9.	Other	Qualifications:		
10.	. Have y	you ever been convicted for any criminal offense by a Court of Law?		
	Yes	No		
		(Indicate X where relevant)		
	If yes,	give details.		

 Post Office to which the fee was paid Receipt Number 	:
Date	:
Firmly	affix the receipt here
12. Statement of the applicant:	
I hereby certify that all the particulars furnished by that, I am liable to be disqualified if any particular selection, or to be dismissed without any compensa-	or me in this application are true and correct. I am also aware as contained herein are found to be false or incorrect before ation if such detection is made after appointment.
	d regulations set forth by the Postmaster General regarding of results, and will not change any particulars provided in
Date:	Signature of the Applicant
13. Attestation of signature of the applicant:	
I hereby certify that Mr	
	re in my presence on
Date :	
	Signature of the attester
	Name:
	Designation:
	Address:
	Official Stamp:
14. Certification of the Head of the Departme	ent/ Institution (For applicants serving in the Public or
Provincial Public service)	
I hereby certify that Mr	submitting this application, is
currently holding the post of	in this institution since
, and he can/canno	t be released from his current position if selected for an
appointment based on the results of this test, and warning) and the information furnished above are	he has not been subject to any disciplinary action (Except true and correct.
Date :	
	Signature of the Head of the Department/Institution
	Name:
	Designation:
	Address:
	Official Stamp: