
Open Competitive Examination for Recruitment to the post of Instructor - Grade III in Supervisory Management Assistant in Non Technological Service Category in Sri Lanka Railway Department - 2025

(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.

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|------|---------------|--|--|--|--|--|--|--|--|--|
| 2.12 | Mobile Number | | | | | | | | | |
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3.0 Qualifications :-

3.1 Educational Qualifications - G.C.E. (O/L) :- Year :-

Index No. :-

| Subject | Pass |
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| 1..... | |
| 2..... | |
| 3..... | |
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| 9..... | |
| 10..... | |

G.C.E. (A/L)

Year :

Index No :

| | |
|--------|-------|
| 1..... | |
| 2..... | |
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3.2 Professional Qualifications :-

3.3 Experience :-

4.0 Payment Examination Fee :

Examination Fee

1. Post Officer at which the fee was paid :
2. Amount paid :
3. Date of payment :

Paste only one edge of the receipt here. (Keep a photocopy of the receipt with you)

5.0 Declaration of the candidate :-

I hereby declare that all the particulars furnished by me in this application are true & accurate to best of my knowledge & I have pasted the receipt, receive by payment of the examination fee bearing the number & dated

I agree to follow the rules & regulations in this Examination & if it is found to be disqualified as per the Service Minute recruitment 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.

Date :-

.....,
Signature of the applicant.

6.0 Attestation of the candidate's Signature (Be in terms of the 8(d) in the *Gazette* Notification)

I do hereby certify that the applicant Mr./Mrs./Miss. (Full Name) is personally known by me & the relevant examination fee has been paid & pasted the receipt & put his signature before me on

.....

Date

.....,

Signature of the Attester.

Full Name of the Attester :-

Designation :-

Address :-

(Must attest by an official seal)

7.0 Recommendation of the Head of the Department :- (Only for the candidates who are in Government/ Local Governments/ Government Co-Operations.)

I do hereby certify that the applicant Mr./Mrs./Miss is serving as a in this Ministry/ Department/ Institute & forward his/her application with my recommendation. He/She can/can not/ be released from the service, if he/she has been selected.

.....,

Signature of the Head of the Department.

Name :-

Designation :-

Date :-

(Must attest by an official seal)