

Recruitment Examination for the Post of Audio Controller - Department of Cultural Affairs - 2025

(For Office Use Only)

01. Personal Information

I. Full Name (In English CAPITAL letters):

II. Name with initials at the end:

Name with initials (In English CAPITAL letters):

III. Full Name (Mr./Ms./Mrs.) (In Sinhala/Tamil):

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IV. Permanent Address (In Sinhala/Tamil):

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V. Address to which the admission should be sent:

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VI. Gender: Male [0] / Female [1] (Write in the appropriate box)

VII. Marital Status: Married [0] / Unmarried [1] (Write in the appropriate box)

VIII. Date of Birth: Year Month Date

IX. Age as at 04.09.2025.: Years Months Days

[illegible][illegible]

02. Educational Qualifications:

I. G.C.E. (O/L)
Year

Subjects	Grade	Subjects	Grade
01.		06.	
02.		07.	
03.		08.	
04.		09.	
05.		10.	

II. G.C.E. (A/L)
Year:

Subjects	Grade
01.	
02.	
03.	
04.	

03. Professional Qualifications:

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04. Experience:

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05. Paste the receipt of payment of the exam fee:

Please affix one edge of the receipt here. It is advisable to keep a photocopy of the receipt.

06. Applicant's Certification:

I declare that the information provided here is true and correct to the best of my knowledge and belief. I also declare that the money order bearing number _____ dated _____ for the examination fee has been affixed. I agree to abide by the rules and regulations of the examination and agree to the cancellation of my candidature if found ineligible before, during, or after the examination. I further agree to be bound by the rules imposed by the Director of the Sri Lanka Vocational Training Authority regarding the conduct and release of examination results.

Date:

Signature of the Applicant:

07. Certification of Applicant's Signature:

(The applicant's signature should be certified by a Government School Principal, Justice of Peace, Commissioner for Oaths, Attorney-at-Law, Notary Public, Commissioned Officer in the Armed Forces, Gazetted Police Officer, or an officer holding a permanent post in a managerial grade _____ in _____ the _____ public _____ service.)

I hereby certify that Mr./Ms./Mrs. _____, who submits this application, is personally known to me and that he/she placed his/her signature in my presence on _____ date.

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Date:

Signature of Certifying Officer

Full Name:

Designation:

Address:

Date:

(To be certified with official stamp)

08. Recommendation of Head of Department (For applicants currently in public service):

I certify that Mr./Ms./Mrs. mentioned above is serving in this department/institution. The information provided by him/her is accurate, his/her work and conduct are satisfactory, and there are no disciplinary charges against him/her. If selected for this post, he/she can be released from this institution.

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Signature of Head of Department/Institution

Name:

Designation:

Address:

Date: .

(Place official stamp here)