

PARLIAMENT OF SRI LANKA

Specimen Application Form

| | | Post of | | | | |
|-----|--|---|--|--|--|--|
| 01. | (a) | Name with initials (in Sinhala/Tamil):- | | | | |
| | (b) | Names denoted by initials (in Sinhala/Tamil):- | | | | |
| | (c) | Full Name (in block capitals) :- (Mr/Mrs /Miss) | | | | |
| 02. | | N. I. C:- | | | | |
| 03. | (a) | Private Address : | | | | |
| | | Telephone Number:- | | | | |
| | (b) | Official Address :- | | | | |
| | | Telephone Number:- | | | | |
| | (c) | Please indicate the address the admission to be posted | | | | |
| | | Private | | | | |
| 04. | (a) | Date of Birth:- Year: Month: Date: | | | | |
| | (b) | Age as at the closing date of applications:- Years : Months: Days: | | | | |
| 05. | Civil | Civil Status :- (Married/ Unmarried) | | | | |
| 06. | Gend | Gender :- (Male/ Female) | | | | |
| 07. | State whether a citizen of Sri Lanka :- (Yes/No) | | | | | |
| 08. | Educ | Education Qualifications :- (Copies of the certificates should be attached) | | | | |

| Examination | Subjects | Pass | Year |
|-------------|----------|------|------|
| G. C. E | | | |
| (A/L) | | | |
| | | | |

| Examination | Subjects | Pass | Year |
|------------------|----------|------|------|
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| | | | |
| G. C. E (O/L) | | | |
| (0/L) | | | |
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| 9. | Higher Educational/Professional Qualifications:- (Copies of the certificates should be attached) | | | | | |
|---------------------------|--|--|--|--|--|--|
| 10. | Experience :- (Copies of the certificates should be attached) | | | | | |
| | | | | | | |
| 11. | Details of the Present Employment | | | | | |
| | (a) | Name and Address of the Institution: | | | | |
| | (b) | Present Post: | | | | |
| | (c) (d) | Date of first Appointment: | | | | |
| | (u) (e) | Allowances: | | | | |
| | (f) | Gross Salary: | | | | |
| 12. | . Have you been convicted for a criminal offence by a Court of Law? (Yes/No) If yes, give details: | | | | | |
| 13. | Have you served under the Government before? (Yes/No) If yes, give details: | | | | | |
| correct partic | t. I a | certify that the particulars furnished by me in this application are true and am also aware that, I am liable to be disqualified for this post if any contained herein are found to be false or incorrect before selection, or to be without any compensation if such detection is made after appointment. | | | | |
| Date: . | | Signature of the Applicant | | | | |
| | | Certification of Head of Department/Institution | | | | |
| (01 | nly fo | or applicants serving in the Public Service/Provincial Public Service) | | | | |
| Secret | ary-G | General of Parliament, | | | | |
| post of confirmation been | of med i subje | and and forward the application of Mr / Mrs /Miss | | | | |
| | | Signature of Head of Department/Institution (Official Stamp) | | | | |
| Date: . | | | | | | |