

[illegible]

2. Address:

- 2.1. Permanent Address :-.....
- 2.2. Official Address :-.....
- 2.3. Official Address (In Sinhala/Tamil)
.....
.....
- 2.4. Address to which the Admission Card should be Posted :-.....
- 2.5. Telephone Number (mobile) :-..... whatsapp No.

Noted. It is mandatory to mention a whatsapp Number.

- 2.6. District of the Candidate's Permanent Residence:-.....
- 2.7. Duration of Residence :-.....
- 2.8. Grama Niladhari Division:-.....

3. 3.1. Gender :- Female -1 Male - 0

(Write the Relevant Number)

3.2. Civil Status :- Married -1 Unmarried - 2

(Write the Relevant Number)

3.1. Date of Birth :- Year Month Date

3.4. Age as at 2025-10-28:- Years Months Days

4. Educational Qualifications:-

4.1. (a). Degree:

(b). Year in which the degree was obtained, and the University:

(c). Subjects followed for the degree:

4.2) GCE (A/L)

i. Year and Month of the Examination:

ii. Index No:

iii. Results:

<i>Subjects</i>	<i>Grade</i>

4.3) GCE (O/L)

- i. Year and Month of the Examination:
ii. Index No.:
iii. Results:

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>

5. Have you ever been convicted guilty by any court of law?
(Mark ✓ in the relevant cage)

Yes ☐

If yes, details.....

6. Certification by the candidate

I hereby declare that the information furnished by me is true and correct to the best of my knowledge and further, I agree with any decision made to cancel my candidature during, before or after the examination, if I am found to be unqualified, in accordance with the conditions of this recruitment examination.

.....
Date

.....
Signature of the Candidate

(Private Applicants)

Attestation of the Signature

I hereby certify that, Who has forwarded this application is personally known to me and he/she has placed his/her signature in my presence.

.....
Date

Signature of the Attester
Name
Post
Official Stamp

(For those who are already in the Public Service)

Certification of the Head of the Department

I hereby certify that Mr./Mrs./Mrs.has been serving in this office since and that his/her work and conduct have been consistently satisfactory and that I have personally verified all the above

information with the records of this office and that they are correct and that he/she signed in my presence on..... 2025. He/she may/may not be released from service if selected.

.....
Date

.....
Signature of the Head of the Department
Name
Post
(Official Stamp)

(Paste receipt here)

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For Office Use	
Details of the payment of examination fees	
NIC No.	
Application No.	
Date of payment	
Name of the Examination	
Examination Fees	

09-273
