		(For office use only)								
]	Recrui	Speciman Application tment on open basis to the Post of								
Ap	plicat	ion for the Open Basis Recruitment to the Post of (III) in Primary Level Semi-skilled Service Category in the Irrigation Department -2025								
S	uage n Sinhala Samil	nedium in which the interview will be faced:  - 1 - 2								
1.0	1.1	Name of the Applicant with initials:								
		(In English Capital letters)								
	1.2	Name of the Applicant with initials: (In Sinhala/ in Tamil)								
	1.3	Name denoted by initials:								
	1.4	Name denoted by initials:								
	1.5	National Identity Card Number:								
	1.6	Gender: (Write the relevant number in the cage) Female 1 Male 2								
2.0	2.1	Permanent Address:								
	2.2									
	2.3									
	2.4	Phone Number: Personal								
3.0	3.1	Marital Status: Unmarried-1 Married -2								
	3.2	Date of Birth: Write in the relevant cage								
		Year Month Date								

3.3	Ag	Age as at the closing date of applications:							
	Yea	ır		Month	Date				
3.4	Λr	S	ri Lankan k	w hirth? or by re	gistration?				
J. <del>T</del>	AIC	you si	i Lankan C	by onthis of by ic	gistration:		•••••		
Edu	ducational Qualifications:								
4.1	G.C	C.E (O/	L) Examin	ation:					
		I Var	or and man	th of the exemina	otion: Vant	Month:			
	I. Year and month of the examination: Year: Month:  II. Admission No:								
								_	
		1		Subject	Grade	Subjec	rt	Grad	
		1.				6.			
		2.				7. 8.			
		4.				9.			
		5.							
								1	
4.2		C.E (O/I	mission No	th of the examina				Grad	
4.2		I. Yea	ar and mon mission No	th of the examina		Month:		Grad	
4.2		I. Yea	ar and mon mission No	th of the examina		Month:		Grad	
4.2		I. Yea II. Add	ar and mon mission No	th of the examina		Month:		Grad	
4.2		I. Yea II. Add 1. 2. 3.	ar and mon mission No	th of the examina		Month:		Grad	
4.2		I. Yea II. Add	ar and mon mission No	th of the examina		Month:		Grad	
		I. Yea II. Add II. Add 2. 3. 4. 5.	nr and mon	th of the examination:  Subject	Grade	Subject 6. 7. 8. 9.		Grad	
4.2		I. Yea II. Add II. Add 2. 3. 4. 5.	nr and mon	th of the examina	Grade	Subject 6. 7. 8. 9.		Grad	
		I. Yea II. Add II. Add 2. 3. 4. 5.	nr and mon	th of the examination:  Subject	Grade	Subject 6. 7. 8. 9.		Grad	
		I. Yea II. Add II. Add 2. 3. 4. 5.	nr and mon	th of the examination:  Subject	Grade	Subject 6. 7. 8. 9.		Grad	
		I. Yea II. Add II. Add 2. 3. 4. 5.	nr and mon	th of the examination:  Subject	Grade	Subject 6. 7. 8. 9.		Grad	
		I. Yea II. Add II. Add 2. 3. 4. 5.	nr and mon	th of the examination:  Subject	Grade	Subject 6. 7. 8. 9.		Grad	
4.3	Vo	C.E (O/I. Yea II. Add II. Add II. Add II. Add II. Add II. Add II. II. Add II. II. II. II. II. II. II. II. II. I	ar and mon mission No	th of the examinates:  Subject  ions and Experient	Grade	Subject 6. 7. 8. 9.		Grad	
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4.3	Vo	C.E (O/I. Yea II. Add	qualification	ions and Experient	Grade	Month:		Grad	

6.0	Receipt of Payment								
	Receipt No: Date:								
	Paste the receipt here.								
7.0	Certification of the applicant :								
	<ul> <li>(a) I respectfully declare that the particulars furnished by me in this application are true and correct. I agree to bear any loss that may arise from failure to complete and/or incorrect completion of any information herein. Further I declare that all the information herein has been completed correctly.</li> <li>(b) I agree to abide by the rules and regulations imposed regarding the conduct of the interview, and to accept any decision taken to cancel my application, before or after the interview, if I am found to be ineligible under these conditions.</li> <li>(c) I understand that if this statement is proven to be false, I am liable to be disqualified before the appointment and to be dismissed from service even after appointment.</li> <li>(d) I will not make changes to any particulars herein subsequently.</li> </ul>								
	Date :								
8.0	Attestation of the Signature of the Applicant :								
	I hereby certify that Mr./Mrs./Miss								
	Signature and the official seal of the attesting officer								
	Date:								
9.0	Certification of the Head of the Department/Institution: (Only for the applicants who are currently in Government service)								
	I hereby certify that Mr./Mrs./Miss								
	Signature of the Head of Department & Official seal								
	Date :								