



PARLIAMENT OF SRI LANKA

Specimen Application Form
Post of Media Officer (Tamil)

01. (a) Name with initials (in English):.....
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(b) Names denoted by initials (in English) :
.....
(c) Full Name (in block Capitals): (Mr./Mrs./Miss).....
.....
02. National Identity Card Number

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03. (a) Private Address:
.....
Telephone No:

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- (b) Official Address:
.....
Telephone No

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- (c) Please indicate the address which the admission card should be posted :
Private ☐ Office ☐
04. (a) Date of birth:
(A copy of the birth certificate should be attached)
(b) Age as at closing date for applications: Years: Months: Days: ...
05. Civil Status: (Married/Unmarried)
06. Gender: (Male/Female)
07. State whether a citizen of Sri Lanka: (Yes/No)
08. Higher Educational Qualifications: (Copies of the degree certificate along with the transcript should be attached) (Please tick (✓) in the correct box)

Degree		University	Year
(a) Bachelor's degree in Visual Arts (Special) in Multimedia Arts	☐		
(b) Bachelor's degree in Visual Arts (Special) in Visual Communication Design	☐		
(c) Bachelor's degree in Arts with one of the following subjects :-			
• Communication	☐		
• Mass Communication	☐		
• Mass Media	☐		
• Public Relations & Media Management	☐		
• Communication & Creative Arts	☐		

- Sociology
 - Political Science
- (d) Bachelor's degree in Journalism

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Extra Educational Qualifications (Copies of the certificates should be attached)

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09. Professional Experience : (Copies of the certificates should be attached)

Institution	Post	Service period

10. Details of Present Employment:

- (a) Name and Address of the Institution:
- (b) Date of First Appointment:
- (c) Present Post:
- (d) Monthly basic salary:
- (e) Allowances:
- (f) Gross Salary:

11. Have you been convicted for a criminal offence by a Court of Law? (Yes / No)
If yes, give details:

12. Have you served under the Government before? (Yes / No)
If yes, give details:

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I do hereby certify that all the particulars furnished by me in this application are true and correct. I am also aware that, I am liable to be disqualified for this post if any particulars contained herein are found to be false or incorrect before selection, or to be dismissed without any compensation if such detection is made after appointment.

Date:

.....
Signature of the Applicant

Certification of Head of Department/Institution

(Only for applicants serving in the Public Service/Provincial Public Service)

Secretary - General of Parliament,

I recommend and forward the application of Mr / Mrs /Miss holding the post of in this Institution. I certify that he/she has been confirmed in this post and his/her work and conduct are satisfactory and that he/she has not been subjected to any disciplinary action or there is no intention to make such inquiry. He/she can be released/cannot be released from the service if selected for this post. (Please strike through the irrelevant words.)

Date:

.....
Signature of Head of Department/Institution

(Official Stamp)

