

Specimen Application form

(For office use only)

DEPARTMENT OF LABOUR

Open Professional test for recruitment to the posts in the Primary semi-skilled service category - 2025

01. Language medium in which you wish to sit for the examination :

Sinhala 2

Tamil 3

English 4

(Write the relevant number in the box)

Application form should be filled in the language medium in which you wish to sit for the examination.

02. Personal details :

2.1 Name with initials at the end:
(English capital letters) Ex.(PERERA H.A.L.S)

2.2 Name in full (English capital letters)
.....

2.3 Name in full (Sinhala/ Tamil)

03. Address :

3.1 Permanent address (English capital letters) (Admission card will be posted to this address)

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.....

3.2 Permanent address (Sinhala/ Tamil)

.....

4. Gender: (Male-0, Female- 1) (write the relevant number in the box)

5. National Identity Card Number :

6. Mobile Number :

7. Married/ unmarried (Unmarried -1, Married - 2)

8. 8.1 Date of birth : Year Month Date

8.2 Age as at 19/12/2025 Year Month Days

9. Post applied for (Put mark (√) in the relevant box)

No.	Designation	
01	Electrician	
02	Plumber	
03	Circuit bungalow caretaker	

10. Educational qualifications :

10.1 GCE (O/L) Examination: (First attempt)

- Year and month of the examination:
- Index Number:

Subject	Grade	Subject	Grade
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

10.2 GCE (O/L) Examination: (Second attempt)

- Year and month of the examination:
- Index Number:

Subject	Grade	Subject	Grade
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

11. Professional qualifications:

Name of the course	Duration	NVQ Level	Institution

12. Experience:

<i>Name of the institution where trained/worked</i>	<i>Duration</i>

13. Have you ever been convicted by a court for any charge?

(Put mark (✓) in the relevant box)

Yes		No	
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If “yes” please mention the offence, the court by which you were convicted and the nature of punishment.

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14. The certificate of the Applicant:

- (a) I respectfully declare that the particulars furnished by me in this application are true and accurate to the best of my knowledge. I agree to bear the loss incurred by not completing/ erroneously completing any information. Furthermore, I declare that all the information herein have been completed accurately.
- (b) I agree that I act in accordance with the rules and regulations imposed by the Commissioner General of Labour of the Department of Labour in respect of conducting of the test and to accept the decision taken to cancel my candidacy before or after the test if I am found to be ineligible under these conditions.
- (c) I am aware that if this statement made by me is proved to be untrue, I shall be unsuitable to receive the appointment and shall be liable to dismiss from the service even after the appointment.
- (d) I will not change any of the information provided herein later.

Date:

.....
Signature of the Applicant

15. Attestation of the Applicant's signature :

I do hereby certify that Mr./ Mrs. /Miss Who is forwarding this application form is personally known to me and that he/ she placed his / her signature in my presence on

.....
Signature and official seal of the Attesting officer

Date:

Name of the Attesting officer:

Designation:

Address: