## MINISTRY OF AGRICULTURE, LIVESTOCK, LAND & IRRIGATION

## **Survey Department**

OPEN COMPETITIVE EXAMINATION FOR RECRUITMENT TO THE POST OF INSTRUMENT TECHNICIAN GRADE III IN SRI LANKA TECHNOLOGICAL SERVICE - 2025

OKADE III I	IN SKI LANKA TECHNOLOGICAL SERVICE - 202	.5
		(For Office use only)
Medium of Examination Sinhala - 1 Tamil - 2 English - 3 (Indicate the relevant number in the give	en cage)	
1.0 1.1 Name with initials using initi (In English block letters) Eg. PER	als at the end :ERA A.B.C.	
1.2 Name in Full :		(In English block letters)
1.3 Name in Full :		(In Sinhala/ In Tamil)
1.4 National Identity Card No.		
1.5 Gender:  Male - 1 Female - 2 (Indicate the relevant number in the	ne given cage)	

2.0	2.1 Permanent Address:			(In English block letters)	
	2.2 Permanent Address			(In Sinhala/Tamil)	
	2.3 Address to which admission ca	rd should be sent			
	2.4 Telephone No				
3.0	3.1 Candidate's permanent residen	tial District :			
	3.2 Divisional Secretariat :				
	3.3 Duration of residence :				
	3.4 Grama Niladhari Division :				
4.0	Date of Birth: Date	Month	Year		
	Age as at: 16.01.2026 Dates	Months	Years		
5.0	Educational Qualifications: (Certific	ed copies of relevant of	certificates should be attached)		
	6.1 Details of G.C.E.(O/L) examina	•	,		
	(i) Year and Month of the examina				
	(ii) Index Number:				
	(iii) Result:				
		•			
	Subject	Grade	Subject	Grade	
	1		6		
	2		7		
	3		8		
	4		9		
	5		10		
6.0	Vocational Qualifications:( Certified of	copies of relevant cert	ificates should be attached)		
	6.1 Course followed:				
	6.2 Name of the institution of which	the course followed:			
	6.3 Duration of the course:				
7.0	Other Qualifications:				
7.0	Other Quantications.				
8.0	Have you ever been convicted in a court of law for any offence (Put the mark "\sqrt"" in the relevant cage)				
0.0		_	mence (I ut the mark > III th	le relevant cage)	
	Yes	No			
	If "yes" give details:				
9.0	Details of payment of examination fees :				
	(i) Office at which the payment made:				
	(ii) Receipt No. and Date:				
	(iii) Amount paid: Rs				
	T. 1	or 1	C		
		affix the examination after a photocopy of the control of the cont	n fee payment receipt here he receipt with your)		

## 10.0 Certification of candidate:

- I declare that the particulars furnished by me in this application are true and correct to the best of my knowledge. I agree to bear the loss resulting from not completion some sections of the application and /or incorrect completion of the application. Further, I declare that all the sections of this application are perfected correctly.
- I am aware that if the declaration made by me is found to be false I am liable to disqualification before appointment and to dismissal from service if the inaccuracy is detected after appointment.
- I agree to be bound by the rules and regulations imposed by the Surveyor General on conducting the examination and decisions taken on issuance of results.

I will not subsequently change any of the information furnished her	re.
Date :	Signature of the Candidate
11.0 Attestation of candidate's signature :	
I certify that Mr./Mrs./Miss	
Date :	Signature of the attester
Full Name of the attester:	
Designation:	
Address:(Should be Confirmed by affixing the official stamp)	
12.0 Applicable only for officers who already serving in government or sen	ni government institutions.
Attestation of the head of the department/institution-	
I hereby certify that Mr./Mrs./Miss	her. His/her work conduct and attendance are ination fees have been paid and the receipt has
	,

Signature of the Head of the Department/Institution.