

### Application Form

**Recruitment for the post of .....  
..... in the Supervisory Management Assistant  
(Technical) Service Category of the Department of  
National Museums – 2025**

(For Official Use Only)

Medium of Examination:

Sinhala - 1

Tamil - 2

English - 3

(Insert the relevant number in the box)

#### 1.0 Personal Details

1.1 Name with Initials: (initials at the end, in English Capital Letters) e.g., PERERA A.B.C.

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1.2 Full Name: (In English Capital Letters)

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1.3 Full Name: (In Sinhala / Tamil)

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1.4 National Identity Card No:

1.5 Date of Birth:

Day :     Month :   Year :

1.6 Age as of the Closing Date for Applications:

Days:   Months :   Years :

1.7 Gender: (Male - M, Female - F)

1.8 Marital Status: Married:

Unmarried:

#### 2.0 Permanent Address

2.1 In English Capital Letters: .....

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2.2 In Sinhala / Tamil : .....

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2.3 Postal address: .....

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#### 3.0 Details of Permanent Residence

3.1 Provincial Council: .....

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3.2 District: .....

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#### 4.0 Telephone Numbers

Landline

Mobile

#### 5.0 Educational Qualifications

1. General Certificate of Education (Ordinary Level)

Year: .....

Examination Index No: .....

<i>Subject Passed</i>	<i>Credit Obtained</i>

02. General Certificate of Education (Advanced Level)

Year: .....

Examination Index No: .....

<i>Subject Passed</i>	<i>Credit Obtained</i>

(Certified photocopies of relevant certificates must be sent with the application to prove the qualification.)

6.0 Professional Qualifications:

<i>Course of Study</i>	<i>Institution</i>	<i>Professional Qualification Awarded</i>	<i>Date of Completion</i>

7.0 Have you ever been convicted by a court on any of the charges?

(Put a √ mark)

Yes ☐

No ☐

7.1 If "Yes", provide details: .....

.....  
.....  
.....  
.....

8.0 Applicant's Declaration :

(a) I declare that the information provided by me in this application is true and correct to the best of my knowledge.

(b) I am aware that if any declaration made by me is proved to be false, I will be disqualified for employment and, if already appointed, will be liable to be dismissed from service.

(c) I further declare that I shall abide by the rules and regulations laid down by the Director General of National Museums in connection with the conduct of the Eligibility Assessment Interview.

(d) I will not seek to alter any of the information provided herein at a later date.

.....,  
Signature of Applicant.

Date: .....

9.0 Certification of Applicant's Signature

I certify that I know the candidate who submit this application named .....  
..... personally / by sight and that he/she signed in my presence under section 8.0 above on the ...  
..... Day of .....

.....,  
Signature of Certifying Officer.

Date: .....

Name of Certifying Officer: .....

Designation: .....

Address: .....

(To be authenticated with Official Seal)