

Put (✓) mark against the medium of language you wish to appear before the structured interview.(not allowed to change later)

| | |
|---------|--|
| Sinhala | |
| Tamil | |
| English | |

Specimen Application Form

Department of Fisheries and Aquatic Resources.

Recruitment to the post of Legal Assistant in the Department of Fisheries and Aquatic Resources – 2025(2026)

01. Name of the Candidate :-

1.1. Name with initials (initials to be written at the end) : -----
(English Block Capitals E.g.: - SILVA. A.B)

1.2. Names denoted by initials :-----
(English Block Capitals)

1.3. Name with initials (initials to be written at the end):-----
(In Sinhala / Tamil)

1.4. Names denoted by initials: -----
(In Sinhala / Tamil)

02. National Identity Card No. :

03. Sex: Male ☐ Female ☐
(Put (✓) mark in the relevant cage)

04. Marital status :

Married ☐ Single ☐
(Put (✓) mark in the relevant cage)

05. Date of Birth : Year : Month: Date:

Age as at the closing date of applications:

Years : Months: Days:

06. Whether you are a citizen of Sri Lanka : Yes ☐ No ☐
(Put (✓) mark in the relevant cage)

07. I. Private Address (Permanent):

.....
.....
.....
(If the address is changed, the same should be informed forthwith.)

II. Private Address (Current) :
.....
.....

III. E-mail Address:

IV. Telephone No.: Fixed: Mobile:-----

08. Educational Qualifications:

8.1 Details of the G.C.E (O/L) Examination :

Year and Month: Index No: ----- Medium:

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

(Indicate the highest qualifications obtained)

8.2 Details of the G.C.E (A/L) Examination:

Year and Month: Index No.:

Medium

| Subject | Grade |
|---------|-------|
| 1 | |
| 2 | |
| 3 | |

(Indicate the highest qualifications obtained)

8.3 Educational / professional qualifications in legal field:

| Examination/Degree | Effective Date | University/Institute |
|--------------------|----------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

8.4 Other Educational / Professional Qualifications:

| <i>Qualifications</i> | <i>Effective Date</i> | <i>Institute from which the qualifications obtained</i> |
|-----------------------|-----------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

09. Whether you have been dismissed from a post in the Public Service?
(If so, indicate particulars)

10. Is there any departmental disciplinary inquiry pending against you (If already employed in the Public Service)?
.....

11. Whether you have been convicted of an offence by the court? (If ‘yes’ indicate particulars) :
.....

12. Name two non- related referees from whom details about you could be inquired :-

1. Name: -----
Designation: -----
Address: -----
Telephone No.: -----

2. Name:-----
Designation: -----
Address: -----
Telephone No.: -----

2. Certification of the Candidate:-

I declare that the information furnished by me in this application is true and accurate to the best of my knowledge. I am also aware that if any particulars contained herein are found to be false and inaccurate, I am liable for disqualification before appointment and dismissal from service without all rights if the inaccuracy is detected after appointment.

Date :-.....

Signature of the Candidate-----

13. Attestation of the Signature of the Candidate (Strike off inapplicable words)

I hereby certify that Mr./Mrs./Miss.....(full name) who is submitting this application is personally known to me and that he/she placed his/her signature in my presence on this day of, 2026.

.....
Signature of the Attestor

Full name of the Attestor:

Designation:

Address:

(Place the official frank)

Date:

14. If the candidate is already employed in Public/Provincial Public Service/ a State Corporation, recommendation of the Head of the institution:-

I hereby certify that Mr./ Mrs./Misswho is submitting this application is personally known to me, that he/she is serving in the (Ministry/ Department/ State Corporation) and that no any disciplinary inquiry is pending against him/her. I further declare that he/she placed his/her signature in my presence on this day of, 2026 and that he/she could be released from the Service of this (Ministry/ Department/ Corporation) if he/she is selected for the Post of Legal Assistant.

Signature of the Head of the Institution

Full name of the Head of Institution: -----

Designation: -----

Official Address: -----

(Place the official frank)

Date: -----

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