

### Specimen Application Form

(For Office Use Only)

#### Recruitment to the post of Primary Level - Skilled Service Plumber of the Department of National Archives – 2025

01. Full Name (In English Capital Letters):

(Example: HERATH MUDIYANSELAGE SAMAN RATHNAYAKA)

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02. Name with Initials (In English Capital Letters):

(Example: H.M.S. RATHNAYAKA)

.....

03. Full Name (In Sinhala):

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04. National Identity Card No:

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05. Gender: (Write the relevant number in the box.)

• Male - 0

• Female - 1

06. Mobile Phone Number:

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07. E-mail Address: .....

08. Date of Birth:

Year : 

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Month : 

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Day : 

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09. Age as of the closing date for applications:

Years :  Months :  Days :

10. Educational Qualifications:

(a) G.C.E. (O/L) - First Attempt

Examination Year:   
Index Number:

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>

(b) G.C.E. (O/L) - Second Attempt

Examination Year:   
Index Number:

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>

11. Additional Educational Qualifications:

<i>Institution</i>	<i>Course Name</i>	<i>Duration</i>	<i>Certificate Effective Date</i>

12. Service Experience (Details of previous service periods and institutions):

	Service Period		Designation	Place of Service
	From	To		
I.	.....	.....	.....	.....
II.	.....	.....	.....	.....
III.	.....	.....	.....	.....

13. Professional Qualifications: (Table: Institution / Course Name / Duration / Certificate Effective Date)

<i>Institution</i>	<i>Course Name</i>	<i>Duration</i>	<i>Certificate Effective Date</i>

14. Other Qualifications:

<i>Project</i>	<i>Institution</i>	<i>Duration</i>

15. Have you ever been convicted of an offense by a court of law? (Mark (✓) in the relevant box .) If yes, provide details.

Yes

☐

No

☐

16. Applicant's Declaration:

I declare that the information provided here is true to the best of my knowledge and belief. I am aware that if any information is found to be false before selection, I am subject to disqualification, and if discovered after appointment, I am subject to dismissal without any compensation. Furthermore, I declare that I am subject to the rules and regulations imposed by the Director General National Archives regarding the results of the aptitude assessment interview.

.....  
**Signature.**

**Date:** .....

17. Attestation of Applicant's Signature: (Delete words that are not applicable.)

I certify that Mr./Mrs./Miss ..... who is submitting this application is known to me personally and that he/she signed in my presence on the ..... day of .....

Signature of Attester: .....

Full Name of Attester: .....

Designation: .....

Address: .....

(Official Seal)

Date: .....

*Note:* The application must be attested as stated in paragraph 07 (d) of the *Gazette* notification.

18. Recommendation of the Head of Institution:

Mr./Mrs./Miss ..... submitting this application is an employee of this Ministry/Department/Corporation/  
Board and if he/she is selected for the above post, he/she can/cannot be released from the service of this institution.

.....,  
Signature of Head of Institution.

Official Seal:

Date : .....  
Name of Head of Institution : .....  
Designation : .....  
Workplace Address : .....