

Specimen Application Form

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(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):

.....

.....

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:

Subject	Grade	Subject	Grade

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

Examination Year:
 Index Number:

Subject	Grade	Subject	Grade

11. Additional Educational Qualifications:

Institution	Course Name	Duration	Certificate Effective Date

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

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

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

Institution	Course Name	Duration	Certificate Effective Date

14. Other Qualifications:

Project	Institution	Duration

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 :

01-264
