

Specimen Application

For Office use only

**Open Competitive Examination for Recruitment to the Training Grade of
..... in the Supervisory Management Assistant Technical Service Category of the Department of National
Archives - 2026**

Medium at the Examination:

Sinhala - 2
Tamil - 3
English - 4
(Mention in the box.)

Selected Post/ Posts :

Selection	Position No.
1	
2	
3	

01.Full Name:

(In English Block letters)

(Ex: HERATH MUDIYANSELAGE SAMAN RATHNAYAKA)

02.Name with initials:

(In English Block letters):

(Ex: H.M.S. RATHNAYAKA)

03.Full Name:

(In Sinhala)

04.Permanent Address (In Sinhala):

.....

(a) Address for the dispatch of the admission card (in Sinhala):

.....

(b) Address for the dispatch of the admission card (in English block letters):

.....

05.

Sex : Female :

☐

Male :

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06. National Identity Card Number:

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07. Contact Details:

i. Telephone Number:

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ii. E-mail Address:

8. (a) Date of Birth:

Year: Month: Date:

(b) Age at the closing date of Application:

Years: Months: Dates:

9. Training grade applied for:

10. Educational Qualifications:

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

Year:

Index No.:

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

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

Year:

Index No.:

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

(c) G.C.E. (A/L)

Year:

Index No.:

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

11. Examination Fees (Receipt must be attached):

- I. Bank at which payment was done:
II. Amount:
III. Date of the Payment:
IV. Number of the Receipt:

Firmly fix the receipt here with one border
(Keeping the copy would be useful)

12. Declaration/Statement by Applicant:

I declare that the information given here is true to the best of my knowledge and belief. I am aware that I will be subject to disqualification if the information is found to be false prior to my selection and I will be subject to dismissal without any compensation if it is discovered after the appointment. I further declare that I am subject to the rules and regulations imposed by the Director General of Sri Lanka Institute of Development Administration regarding the conduct of examinations and the issuance of results.

Date :

.....
Signature

13. Attestation of the Signature of the Candidate: (*Strike out irrelevant words.*)

I certify that Mr./ Mrs./Miss submitting this application is personally known to me and he / she placed the signature before me onday of and that the due examination fee has been paid and the receipt has been affixed.

Signature of Certifying Officer
Full name of the Certifying officer: -.....
Designation:
Address : -.....

(Rubber stamp)

Date:

Note: The application should be certified as mentioned in paragraph 9 (d) of the *Gazette* Notification.

14. Attestation of the Head of the Department / Institution:

The person submitting this application Mr./Mrs./Miss..... is working in this Ministry/ Department/Cooperation/Board and if he /she will be selected for the above post, he/she can be released from the service of this institution.

..... Rubber Stamp:
Signature of the Head of the Department

Date :
Name of the Head of the Department :
Designation :
Address of the Office :