

Specimen Application Form

(For Office Use Only)

Open Competitive Examination for the Recruitment of Associate Officer Service Category (MN 4) in the Department of National Archives - 2026

Medium of Examination:

- Sinhala - 2
- Tamil - 3
- English - 4

(Write the relevant number in the box)

01. 1.1 Full Name (In English Capital Letters) :
- (Ex: HERATH MUDIYANSELAGE SAMAN :.....
KUMARA GUNAWARDHANA)
- 1.2 Name with initials, with the last name first :
- (In English Capital Letters)
- (Ex: GUNAWARDHANA, H.M.S.K.)
- 1.3 Full Name (In Sinhala/Tamil):

02. 2.1 Permanent Residential Address :
- (In English Capital Letters) :.....
- 2.2 Address to which the Admission Card should be sent :.....

03. National Identity Card (NIC) Number:

04. Gender: Female - 1
- (Write the relevant number in the box) Male - 0

05. Date of Birth:

Year: Month: Date:

(b) Age as of the closing date for applications:

Years: Months: Dates:

06. Mobile Phone Number:

07. E-mail Address:

08. Educational Qualifications:

- (a) I. Degree:
- II. University/ Institute:
- III. Registration Number:
- IV. Effective Date of Degree:

(b) G.C.E. (A/L) Examination Year:

Index Number:

<i>Subjects</i>	<i>Grade</i>	<i>Subjects</i>	<i>Grade</i>

(c) G.C.E. (O/L) Examination Year:

Index Number:

<i>Subjects</i>	<i>Grade</i>	<i>Subjects</i>	<i>Grade</i>

09. Additional Educational Qualifications:

<i>Institute</i>	<i>Course Name</i>	<i>Duration</i>	<i>Effective Date of Certificate</i>

10. Additional Professional Qualifications:

<i>Institute</i>	<i>Course Name</i>	<i>Duration</i>	<i>Effective Date of Certificate</i>

11. Examination Fee (The receipt must be attached.)

- I. Bank at which payment was made:
- II. Amount paid:
- III. Date paid:
- IV. Receipt number:

Paste the receipt here by one edge so that it does not detach. (It may be useful to keep a copy of the receipt.)

12. Applicant's Declaration/ Certification:

I declare that the information mentioned here is true to the best of my knowledge and belief. I am aware that if any information is found to be false before my selection, I am subject to disqualification, and if discovered after appointment, I am subject to dismissal from service without any compensation. Furthermore, I declare that I am bound

by the rules and regulations imposed by the Director General of the Sri Lanka Institute of Development Administration regarding the conduct of the examination and the release of results.

Date :

Signature :

13. Attestation of Applicant’s Signature: (Strike out inapplicable words.)

I hereby certify that Mr./ Mrs./ Miss who is submitting this application, is known to me personally, and that he/ she placed his/ her signature in my presence on the day of month, and that the prescribed examination fee has been paid and the relevant receipt has been pasted.

Signature of Attester:

Full Name of Attester:

Designation:

Address:

(Official Seal)

Date:

Note: The application should be attested as stated in clause (d) of paragraph 07 of the *Gazette* Notification.

14. Recommendation of the Head of the Institution:

Mr./ Mrs./ Miss who is 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 be released from the service of this institution.

.....
Signature of the Head of the Institution

Official Seal:

Date :

Name of the Head of the Institution :

Designation :

Office Address :

