

Specimen Application Form

For Office Use Only

Recruitment to the Posts of Building Maintenance Officer (Civil) and Building Maintenance Officer (Mechanical) of 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.	<input type="checkbox"/>
Civil	1	
Mechanical	2	

01. Full Name (In English Capital Letters):

(Example: HERATH MUDIYANSELAGE SAMAN RATHNAYAKA)

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

(Example: H.M.S. RATHNAYAKA)

.....

(b) Full Name (In Sinhala):

.....
.....

02. 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):

.....
.....

03. National Identity Card No.:

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

Male - 0
Female - 1

05. Mobile Phone Number:

06. E-mail Address:

07. Date of Birth:

Year : Month : Day :

08. Age as of the closing date for applications:

Year : Month : Day :

09. 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>

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

Examination Year:

Index Number:

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

10. Professional Qualifications:

<i>Institution</i>	<i>Course Name</i>	<i>Duration</i>	<i>Certificate Effective Date</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. 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 of Sri Lanka Institute of Development Administration regarding the conducting examination and releasing of results.

.....
 Signature

Date:

13. 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 09 (d) of the *Gazette* notification.

14. 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 :