



05. (i) Date of Birth :

Year :  Month :  Date :

(ii) Age as at the closing date for applications (as at ..... of .....2026) :

Year :  Month:  Days :

06. (i) Educational Qualifications :

G.C.E. (Ordinary Level) Examination

Year & Month : \_\_\_\_\_.

Index Number : \_\_\_\_\_.

	Subjects passed	Grades obtained
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

G.C.E. (Advanced Level) Examination

Year & Month : \_\_\_\_\_.

Index Number : \_\_\_\_\_.

	Subjects passed	Grades obtained
1.		
2.		
3.		

If you are a graduate, please provide the following details.

- I. Degree name & validity date :- \_\_\_\_\_.
- II. University / Institution :- \_\_\_\_\_.
- III. Class :- \_\_\_\_\_.

(ii) Professional Qualifications :

Name of the Diploma / Professional Certification	Period of the Course from --- to .....	Duration of Course (Years)	Name of the Issuing Institution

(iii) Other qualifications ( Computer Literacy / Tamil – English Language Proficiency etc..)

.....  
 .....

07. Have you ever been convicted by any court of law for an offense? If so, please provide full details including the case number, nature of the offense, and the sentence or penalty imposed. : \_\_\_\_\_.

08. Name of the Post Office paid the Examination Fee: \_\_\_\_\_.

Amount paid : Rs. \_\_\_\_\_.

Number of Receipt : \_\_\_\_\_.

Date of Payment : \_\_\_\_\_.

Paste the receipt here.

(It would be helpful to keep a photocopy of the receipt.)

**09. Declaration of the Candidate :**

I hereby declare that the information provided above is true and accurate to the best of my knowledge and belief, and that the receipt of payment for the examination fees, bearing No. .... and dated ....., is attached herewith. I further undertake to comply with all the rules and regulations governing the examination and agree to accept any decision to cancel my candidature, whether before, during, or after the interview, if I am found ineligible under the conditions of this examination. I further declare that I shall abide by all rules and regulations imposed by the Commissioner General of Examinations regarding the conduct of examination and the release of results.

.....

Candidate's Signature

Date:- .....

**10. Attestation of Candidate's Signature**

I certify that Mr./Mrs./Miss. ....who signed here is personally known to me and pasted the paid receipt and placed his/her signature at my presence.

.....

Signature and official stamp of the person attesting

Date :- .....

Full Name of the attestor :- .....

Designation :- .....

Address :- .....

(Place the official frank)

**11. Certification of the Head of the Institution/ Department**

This is to certify that Mr./Mrs./Ms. ...., served as a ..... in the Department/Institution, is recommended for this application. He /She can be released from the current service in this institution, if selected for this post.

.....  
Signature of the Head of the Institution/ Department.

Date : .....  
Name : .....  
Designation : .....  
Address : .....  
( Place the official frank for confirmation.)

02-79

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