

No. (For office use only)	
Medium	
<u>Sinhala/ Tamil</u>	<input type="checkbox"/>
<u>Sinhala/ English</u>	<input type="checkbox"/>
(Put a √ in the box relevant to you)	

Specimen Application Form

Ministry of Justice and National Integration

Application for the recruitment to the Post of Labour Tribunal Interpreter in the Multifunctional Segment I of the Management Assistant Non-Technical Service Category of the Labour Tribunal Secretariat

01. (a) Name with initials (in Sinhala/ Tamil) -
.....
Name with initials (in English Block Capitals) -
.....

(b) Full Name (in Sinhala/ Tamil) -

Full Name (in English Block Capitals) -

02. Permanent Address (In Sinhala/ Tamil) -

03. Permanent Address (in English Block Capitals) -

04. Address to which letters should be sent (in English Block Capitals)
(Complete only if permanent address may change) -

05. Email address -

06. Telephone No. - Mobile Permanent -

07. National Identity Card No. -

08. Sex -

09. Date of Birth - Year Month Date -

10. Age as at the closing date of applications - Years Months Days

11. Race -

12. Marital Status -

13. Results at the G.C.E. (A/L) Examination :

Year :

Index No.

<i>Serial No.</i>	<i>Subject</i>	<i>Grade</i>

Applicant's Declaration

I,declared that the information furnished by me in the application are true and correct. I certify that I have not been subject to dismissal from the service or retirement for general inefficiency as a merciful alternative to dismissal and I have not vacated the post. I am also aware that, if any particulars contained herein are found to be false or incorrect, I am liable to be disqualified, if detected before selection and to dismissal without compensation, If detected after appointment.

Date -
Signature of the Applicant

Attestation of the Applicant's Signature

I certify that Mr./ Mrs./ Miss who submits this application, is personally known to me, that he/ she affixed his/her signature in my presence on, that he/ she paid the prescribed examination fee, and that the receipt in proof of payment of the prescribed examination fee is attached in the space provided. (*Cross the Inapplicable words.)

Date :
Signature of the officer attesting the signature of the applicant.
(Place official seal)

Name of the officer attesting the signature of the applicant -
Designation -
Address -

Certificate of the Head of Department

If the applicant is a Public Servant in the Public Service or Provincial Public Service or Public Corporations

I hereby submit the application of Mr./Mrs./Ms. I certify that he/she is serving as a permanent/ temporary/ trainee/ causal officer in this Ministry/ Department and that he/she can be released/ cannot be released from the service if selected for this post. (* Corss the Inapplicable words.)

.....
Head of the Department or
Authorized Officer
(Place official seal)

Date -
Name -
Designation -
Ministry/ Department -