

Specimen Application

**Application for the Post of Assistant Shipping Officer in the Merchant Shipping
Secretariat of Ministry of Ports and Civil Aviation**

Write the relevant medium number in the box	
--	--

--

(Sinhala – 1/Tamil – 2/English - 3)

(For Office use only)

Note: The medium of application cannot be changed.

01. Name of the Applicant :

i. Name with initials (Mr./Mrs./Miss.) :.....
(E.g.- GUNAWARDHANA, H.M.S.K. (In English capital letters))

ii. Full name (Mr./Mrs./Miss.) :.....
.....
(In English capital letters)

iii. Full name :
(In Sinhala/Tamil)

02. Address & Telephone No. :
i. Official Address :
Phone Number :
ii. Permanent Address :
Phone Number :
Mobile Number :
03. Date of Birth:
Year : Month : Date :
04. Age as at 2026 : (Application Closing Date)
Year : Month : Date :
05. National Identity Card Number :
06. Gender :
07. Marital Status :
08. Educational Qualifications :

<i>Qualification</i>	<i>Year obtained Qualification</i>	<i>Subject Stream</i>	<i>Grade</i>	<i>Name of Institution</i>	<i>Remarks</i>

09. Professional Qualifications :

<i>Qualification</i>	<i>Year obtained Qualification</i>	<i>Subject Stream</i>	<i>Grade</i>	<i>Name of Institution</i>	<i>Remarks</i>

10. Particulars of Experience :

<i>Institute</i>	<i>Post</i>	<i>Functions of the Post in brief</i>	<i>Period of Service</i>	<i>Remarks</i>

11. Proficiency in Computer Literacy :

- i. Degree :
ii. Diploma :
iii. Certificate Course :

12. Have you ever been convicted by a Court of Law?

I, hereby declare that all the information provided by me in this application is true and correct, that all the parts have been duly completed and that I am aware that I will be subjected to disqualification if this declaration is found to be untrue prior to my selection and dismissal if such a situation is discovered after the selection.

.....
Date

.....
Signature

13. Attestation of the Signature of the Applicant :

I certify that Mr./Mrs./Misswho has submitted this application, is personally known to me and that he/she placed his/her signature on in my presence.

Name :

Designation :

Address :

Date :

14. Recommendation of Head of Department :
(Only for Public Service Applicants)

I certify that the above mentioned Mr./Mrs./Miss Services at the Ministry/ Department/ Institute ofthat the information furnished by him/her is accurate, that work and attendance are satisfactory, that no allegations have been levelled against him/ her and that if he/ she is selected for the post, he/ she can be released from the service of this Institution.

.....
Date

.....,
Signature of Head of Department.
(Place the official stamp)

06-218/2
