

(For office use)

Specimen Application Form

**Application for the Limited Competitive Examination for Recruitment to the post of Extention
Officer, Farm Manager & Technological Officer of Class III of the Sri Lanka Technological
Service in the Department of Export Agriculture - 2026**

01. Language medium appearing for the examination :- Sinhala 2

Tamil 3

English 4

(Write the relevant number in the
box)

02. Position(s) applied for:

The position or positions applied for should be indicated in order of priority. Even if applying for only one position, that position should be clearly stated.

| Serial number | Preference priority | Position | Code number |
|---------------|---------------------|----------|-------------|
| 1 | 1st preference | | |
| 2 | 2nd preference | | |
| 3 | 3rd preference | | |

03. Name :-

3.1 Full name (in English capital letters) :-
(Example :- HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA).

3.2 Name ending with initials (In English capital letters) :-
(Example :- H.M.S.K GUNAWARDHANA)

3.3. Complete Name (in Sinhala/Tamil) :-

04. Permanent address :
.....
(In English capital letters)

4.1 Permanent address :
(In Sinhala/Tamil)

4.2 Phone number (Active Whatsapp number) :

Landline number :

4.3. Email Address (E-mail):-

05. National Identity Card Number :-

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

07. Married/unmarried :-
Married -2 Unmarried - 1 (Write the relevant number in the box)

8.1. Date of birth :-

Year: Month: Date:

8.2. Age as at the closing date of applications (.....) :

(Example: If the closing date for applications is 2026.01.31, the applicant should have been born between 1996.01.31 and 2008.01.31.)

Year: Months: Date:

09. Educational Qualifications : -

(a). G.C.E. (O.L.) :

Year and month :

Examination number :

Language medium :

| | <i>Subject</i> | <i>Grade</i> | | <i>Subject</i> | <i>Grade</i> |
|-----|----------------|--------------|-----|----------------|--------------|
| 1 . | | | 6. | | |
| 2 . | | | 7. | | |
| 3 . | | | 8. | | |
| 4 . | | | 9. | | |
| 5 . | | | 10. | | |

(b). G.C.E. (O.L.) :

Year and month :

Examination number :

Language medium :

| | Subject | Grade | | Subject | Grade |
|-----|---------|-------|-----|---------|-------|
| 1 . | | | 6. | | |
| 2 . | | | 7. | | |
| 3 . | | | 8. | | |
| 4 . | | | 9. | | |
| 5 . | | | 10. | | |

(c). Professional qualifications :

| Diploma and name of institution | Passed Year | Exam number |
|---------------------------------|-------------|-------------|
| | | |

10.

| | |
|--|--|
| Money order number from which the examination fee was paid | |
| Date | |
| Paid Post Office/Sub Post Office | |
| Amount paid | |

Paste the Original Copy of the money order here. (Apply glue only to the upper back portion of the money order. It is advisable to keep a copy of the money order for your reference.)

11. Applicant's Certificate :-

I hereby certify that the information provided in this application is true and correct to the best of my knowledge. I understand that if any information contained herein is found to be false or incorrect, or if such information is discovered prior to my selection, I will be liable to disqualification. If it is discovered after my appointment, I will be liable to dismissal from service without any compensation.

I further declare that I will abide by the rules and regulations imposed by the Secretary of the Central Provincial Public Service Commission regarding the conduct of this examination and the release of its results.

.....
 Applicant's signature

Date :-

12. Certificate of the Head of Institution:-

I hereby certify that Mr./Mrs./Miss mentioned above is employed in the Ministry/Department/Office of, that his/her service is satisfactory, that the prescribed examination fee has been paid, and that if he/she is selected for an appointment based on the results of this examination, he/she can/cannot be released from his/her present post. I further certify that the information stated above is true.

Date :-

.....
 Signature of the Head of Institution

Full name of the certifying officer :-

Designation :-

Address :-

(Official Seal)

05-27