

Specimen Application

**Recruitment to the post of Deputy Auditor General in the Special Grade in the Senior
Executive Service Category of the Sri Lanka State Audit Service on Direct Stream - 2026**

(For office use only)

(Indicate the language medium and relevant number in the cage)

Sinhala-2 / Tamil- 3/ English-4

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Note: (Language medium will not be allowed to change subsequently.)

01. (i) Full Name (Mr./Mrs./Miss):
(in Sinhala/ in Tamil)
- (ii) Full Name:
(in English block capitals)
- (iii) Name with initials indicating the initial after last name:
.....
(in English block capitals):
Example: GUNAWARDHANA, M.G.B.S.K.
02. (i) Permanent Address:
(in English block capitals)

07. Names and addresses of two referees nominated by the candidate to certify his/her character and capacity
- (i)
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 - (ii)
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08. Certificate by the candidate:

I declare that to the best of my knowledge and belief, the information given here is true. I also agree to be bound by the rules governing examinations and any decision that may be taken to cancel my candidature before, during or after the examination, if it is found that I am ineligible according to the regulations of this examination, and if it is found after the appointment, I will be dismissed from the service without any compensation.

Date: Signature of Candidate.

09. Attestation of the signature of the candidate:

I hereby certify that Mr./Mrs./Miss.....who is forwarding this application is known to me personally and placed his/her signature in my presence on

.....,
Signature and seal of the Attester.
Date:
Location:
(Attested by official seal)

10. Certificate of the Head of the Institution, if the candidate serves in public service/provincial public service:

I hereby certify that the candidate Mr./Mrs./Missis serving in this office from.....and his/her work, attendance and conduct is satisfactory and he/she had been confirmed/not confirmed in the service, I personally checked all the information furnished in above 05 with the records available in this office and found correct and he/she signed in my presence on

Date: Signature of Head of Institution of Public Service/
Provincial Public Service or
Authorized Officer.