Specimen Application Form

Open Competitive Examination for the Post of Driver (Departmental) and the Post of Ambulance Driver - Primary Level Skilled (Grade III) Category at the Departmental of Prisons - 2026

- Mark a tick (√) inside the box corresponding to the post you are applying for.
- Driver (Departmental) ☐ Medium of Examination ☐ Sinhala ☐
  Tamil ☐
  Ambulance Driver ☐ English ☐

Please Note : Submit only one application form for one post. If you wish to apply for both posts, two separate applications must be submitted independently.

01. i. Full Name :.....

ii. Name with Initials : .....

02. Permanent Address : .....

03. National Identity Card (NIC) Number: .....

04. i. Telephone Number : .....

ii. Email Address : .....

05. Administrative areas of the residential address :

I. District : .....

II. Police Station : .....

06. Date of Birth : Year : ☐ Month : ☐ Day : ☐

07. Age as at 07.08.2026 Years : ☐ Months : ☐ Days : ☐

08. Citizenship (By Descent/ By Registration) : .....

09. Marital Status : ☐ Married - 1, Unmarried - 2 (Write the relevant number inside the box)

10. Educational Qualifications (Must be stated clearly) :
(Attached photocopies of certificates)

General Certificate of Education (Ordinary Level) Examination Results:

I. First Attempt -
Year -
Index No. -

No.	*Subjects*	*Grade*
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

II. Second Attempt -
Year -
Index No. -

No.	*Subjects*	*Grade*
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

11. Valid Driving License Number and Vehicle Class :.....
(*Attach a photocopy o the valid driving license*)

I. Experience (Years) : .....
II. Special Qualifications : .....

12. Professional Qualifications : .....

13. Physical Fitness :
I. Height : Feet : ..... Inches : .....
II. Chest (Unexpanded) Inches : .....

14. Have you ever been convicted of any offense by a Court of Law? Yes/ No
(If yes, provided details)
.....
.....
.....
.....

15. Payment of Examination Fees:

Amount Paid	*Paid Bank Branch*	*Paid Date*	*Receipt Number*

Paste the Receipt Here.

16. Certificate of the Applicant :

I, hereby certify that the information furnished by me in this application is true and correct. I am well aware that if any information provided by me is found to be false or incorrect prior to the examination, I will be disqualified from sitting the examination, and if it is disclosed after the appointment, my appointment will be canceled without any compensation.

.....,
Signature of the Applicant.

Date : .....

17. Attestation for Applicants Currently Employed in Public Service/ Provincial Public Service Only :

I, hereby state that Mr./Mrs. ..... is currently employed in this institution as a ....., his/her work and conduct are satisfactory, he/she is not subjected to any pending disciplinary inquiries/ disciplinary actions, and if selected for this post, the applicant can/ cannot be released from his/her current position.

.....,
Signature of Head of Department/ Institution.

Date : .....

07-225

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