

Model Application Form

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[For Office Use Only]

**OPEN COMPETITIVE EXAMINATION FOR RECRUITMENT TO GRADE III OF THE POSTS OF
ASSISTANT DIRECTOR (TECHNICAL), ASSISTANT DIRECTOR (ELECTRONIC RECORDS &
DIGITIZATION) AND ASSISTANT DIRECTOR (FILM & AUDIO VISUAL) IN THE EXECUTIVE SERVICE
CATEGORY OF THE DEPARTMENT OF NATIONAL ARCHIVES – 2026**

Medium of Examination:

Sinhala - 2
Tamil - 3
English - 4

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(Write the relevant number in the box)

Preference	Applied Post No.

(Insert numbers according to paragraph 02 of the Gazette)

Post / Posts Applied For:

1.

- 1.1 Full Name (In English Capital Letters) :
(Eg: HERATH MUDIYANSELAGE
SAMAN KUMARA GUNAWARDHANA)
- 1.2 Name with Last Name First and Initials of Other Names Afterwards
(In English Capital Letters) :
(Eg: GUNAWARDHANA, H.M.S.K.)

1.3 Full Name (In Sinhala / Tamil) :

2.

2.1 Permanent Residential Address :
(In English Capital Letters)

2.2 Address to which the Admission Card should be sent :
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3. National Identity Card (NIC) Number:

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

5. Date of Birth:

(a) Year:

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 Month:

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 Date:

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(b) Age as at the closing date of applications:

Years:

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 Months:

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 Days:

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6.

6.1 Mobile Phone Number:

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6.2 Email Address:

7. Educational Qualifications:

(a) i. Post Graduate Degree :
ii. University / Institution :
iii. Registration Number :
iv. Effective Date of Degree :

(b) i. Bachelor's Degree :
ii. University / Institution :
iii. Registration Number :
iv. Effective Date of Degree :

(c) G.C.E. (Advanced Level) :

Year of Examination :
Index Number :

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>

(d) G.C.E. (Ordinary Level) :

Year of Examination :
Index Number :

Subject	Grade	Subject	Grade

8. Examination Fee (Receipt should be attached):

Bank Paid :
Amount Paid :
Date of Payment :
Receipt Number :

*[Paste the receipt here firmly by one edge]
(It may be useful to keep a copy of the receipt.)*

Applicant's Declaration / Certification:

I declare that the information furnished here is true and accurate to the best of my knowledge and belief. I am aware that if any information is found to be false before my selection, I am liable to be disqualified, and if found after appointment, I am liable to be dismissed from service without any compensation.

Furthermore, I declare that I am bound by the rules and regulations imposed by the Director General of the Sri Lanka Institute of Development Administration (SLIDA) regarding the conducting of the examination and the release of results.

Date:

Signature:

Attestation of Applicant's Signature: (Strike out inappropriate words.)

I hereby certify that Mr./Mrs./Miss who presents this application is personally known to me, and that he/she placed his/her signature in my presence on the day of and that the prescribed examination fee has been paid and the receipt has been pasted.

Signature of Attester :
Full Name of Attester :
Designation :
Address :
(Official Stamp)
Date :

Note: The application should be attested as mentioned in paragraph 12 (VII) of the Gazette Notification.

Recommendation of the Head of the Institution: (Only for applicants serving in Government Institutions)

I hereby certify that Mr./Mrs./Miss who presents this application is employed in this Ministry/Department/Corporation/Board, and if he/she is selected for the above post, he/she can be released from the service of this institution.

I කොටස : (IIඅ) ඡේදය - ශ්‍රී ලංකා ප්‍රජාතාන්ත්‍රික සමාජවාදී ජනරජයේ ගැසට් පත්‍රය - 2026.08.28
PART I : SEC. (IIA) – GAZETTE OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA –28.08.2026

Work Place Address :
