Specimen Application

APPLICATION FOR THE POST OF PORT STATE CONTROLLER (ENGINEERING)/ EXAMINER (ENGINEERING) IN THE MERCHANT SHIPPING SECRETARIAT OF MINISTRY OF PORTS AND CIVIL AVIATION

Write the relevant medium number in the box	

(For Office use only)

(Sinhala – 1/Tamil – 2/English - 3)
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 Qualification :

Qualification	*Year obtained Qualification*	*Subject Streem*	*Grade*	*Name of Institution*	*Remarks*

09. Professional Qualifications :

Qualification	*Year obtained Qualification*	*Subject Streem*	*Grade*	*Name of Institution*	*Remarks*

10. Particulars of Experience :

Institute	*Post*	*Functions of the Post in brief*	*Period of Service*	*Remarks*

11. Proficiency in Computer Literacy :
    i. Dgree :.....
    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 subject 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./Miss .....who 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 ..... Sevices at the Ministry/ Department/ Institute of .....that 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)

09-59/1