

SPECIMEN APPLICATION FORM
RECRUITMENT TO THE POST OF IN THE MANAGEMENT ASSISTANT
NON-TECHNICAL - SEGMENT 2 SERVICE CATEGORY OF THE DEPARTMENT OF NATIONAL
MUSEUMS - 2026

(For Office Use Only)

1.0

1.1 **Name with Initials:** (In English capital letters with initials at the end) *e.g.*: PERERA A.B.C

.....
.....

1.2 **Full Name:**

(In English capital letters)

.....
.....

[illegible]

Year:

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 Month:

--	--

 Date:

--	--

Years:

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 Months:

--	--

 Days:

--	--

1.6	gender : (male- M, female - F)
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1.7 Marital status : Married : ☐ Single : ☐
(Put a tick ✓)

2.1 In English Capital Letters:

2.2 In Sinhala/Tamil:

2.3 Address to which calling letters should be sent:

3.1 Provincial Council:

3.2 District:

Landline:

Mobile:

1. G.C.E. (Ordinary Level)

- o **Year:**
- o **Index Number:**

[illegible]

2. G.C.E. (Advanced Level)

- **Year:**
- **Index Number:**

<i>Subject Passed</i>	<i>Grade Obtained</i>

(Certified copies of certificates confirming educational qualifications should be sent along with the application)

6.0 Professional Qualifications:

<i>Course Followed</i>	<i>institution</i>	<i>Professional Level Obtained</i>	<i>Date of Course Completion</i>

7.0 experience :

<i>Workplace</i>	<i>Designation</i>	<i>Service period</i>	
		<i>from</i>	<i>to</i>
1.			
2.			
3.			
4.			

8.0 Have you ever been convicted of an offense by a court of law
(put a tick ✓)

yes ☐ no ☐

8.1 If "Yes", provide details :
.....

9.0 Applicant's Certification:

- (a) I hereby declare that the information provided by me in this application is, to the best of my knowledge, true and correct.
- (b) I am aware that if any statement made by me is proven to be false, I will be disqualified for recruitment, and if proven so after receiving the appointment, I am liable to be dismissed from service.
- (c) Furthermore, I declare that I shall abide by the rules and regulations laid down by the Director General of National Museums regarding the conduct of the eligibility assessment interview.
- (d) I shall not alter any information stated herein at a later date.

.....,
Signature of Applicant.

Date :

10.0 Attestation of Applicant's Signature:

I certify that who is submitting this application is personally known to me, and that he/she signed under paragraph 9.0 above in my presence on

.....
Signature of Attester

Date:

Name of Attester:

Designation:

Address:

(Confirm with official seal)

07-75/2
