SPECIMEN APPLICATION FORM

RECRUITMENT FOR THE POST OF ..... IN THE SUPERVISORY MANAGEMENT ASSISTANT (TECHNICAL) - SUPERVISORY SERVICE CATEGORY OF THE DEPARTMENT OF NATIONAL MUSEUMS - 2026

(For Office Use Only)

Medium of Examination:
Sinhala - 1
Tamil - 2
English - 3
(Insert the relevant number in the box)

1.0

1.1 Name with Initials:.....

(With initials at the end in English Block Letters) Eg: PERERA A.B.C

1.2 Full Name:

(In English capital letters)

.....
.....

1.3 Full Name: (In Sinhala / Tamil).....

1.4 National Identity Card Number : | | | | | | | | | | | | |

1.5 Date of birth :

Year: | | | | | month: | | | Date: | |

1.6 **Age as at the closing date for submitting applications**:

Year: | | | | | month: | | | Date: | |

1.7 **Gender :** (male - M,female- F) |

1.8 **Marital status** : Married : | | Single : |
(Put a tick √)

2.0 Permanent Address:

2.1 In English Capital Letters: .....
.....

2.2 In Sinhala/Tamil: .....
.....

2.3 Address to which calling letters should be sent: .....
.....

3.0 Permanent Residence Details:

- **Provincial Council:** .....
- **District:** .....

4.0 Telephone Number:

- **Landline:** .....
- **Mobile:** .....

5.0 Educational Qualifications:

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

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

Subject passed	*Grade obtained*

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

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

Subject passed	*Grade obtained*

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

6.0 Professional Qualifications:

Course Followed	*Institution*	*Professional Level Obtained*	*Date of Course Completion*

7.0 Have you ever been convicted of an offense by a court of law :
(Put a tick √))

yes ☐ no ☐

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

8.0 Applicant's Certification:

(a) I hereby declare that the information provided by me in this application is, true and correct to the best of my knowledge.

(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 elegibility 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 8.0 above in my presence on ..... .

.....
Signature of Attestor

Date: .....
Name of Attestor: .....
Designation: .....
Address: .....
(Confirm with official seal)

09-75/1