SPECIIMEN APPLICATION FORM

Open Competitive Examination for Recruitment to Grade III of the Post of Superintendent of Works in Supervisory Management Assistant Technical Service Category of Land Commissioner General's Department – 2026

For office use only

Language medium applied in terms of Paragraph 06 of the Gazette Notice

Sinhala -1
Tamil -2

(The language medium applied for shall not be permitted to be changed subsequently.)
(Write the relevant number in the cage.)

01. Name

1.1 Name with initials Mr./Mrs./Miss. (In English capital letters)
Ex - GUNATHILAKA B.M.I.S

.....
.....

1.2 Full name (In English capital letters)

.....
.....

1.3 Full name:- (In Sinhala/Tamil)

.....
.....

1.4 National Identity Card No: | | | | | | | | | | | | |

02. Address :-

2.1 Permanent Address:- (In English Capital letters)

.....
.....

2.2 Permanent Address (In Sinhala/Tamil)

.....
.....

2.3 Permanent Address to which the Admission Card should be sent (In Sinhala/Tamil)

.....
.....

2.4 Contact Number :- Mobile ..... Residence .....

03. Gender – Mark (√) appropriate cage.

Female Male

3.1 Date of Birth :-

Year | | | | | Month | | | Day | | |

3.2 Age as at the date of calling for Applications:-

Years | | | Months | | | Days | | |

04. Administrative District of Applicant: - .....
4.1 Divisional Secretary's Division:-.....
4.2 Grama Niladari Division:- .....

05. Educational Qualifications

5.1 G.C.E. (O/L) Examination Index No :-..... Year :- .....

	Subject	*Result*		*Subject*	*Result*
01			06		
02			07		
03			08		
04			09		
05			10		

5.2 G.C.E. (A/L) Examination Index No :-..... Year :- .....

	Subject	*Result*
01		
02		
03		
04		

5.3 Professional Qualifications:

Institution	*Course Followed*	*Duration*	*Result*	*Certificate No. and Date*

06. Computer Literacy:-.....

07. Other Qualifications:- ……

08. Have you ever been convicted by a court of law of any offence? (Mark in the relevant cage)

Yes ☐ No ☐

If yes, give details.

.....

09. Details regarding the receipt for payment of the Examination Fee

I. Bank where the Examination Fee was Paid - ..... Branch - .....

II. Date of payment - ..../...../..... Amount paid - .....

Affix the Bank Payment Receipt Here Securely.

10. Declaration of the Applicant

(i) I hereby certify that all information provided by me in this application is true and correct to the best of my knowledge. I agree to accept any loss that can happen for not completing any or few of the information or for incorrectly completing. Further, I hereby declare that all the parts have been correctly perfected. I agree to abide by all the conditions of the examination. Further, I agree to the rules and regulations imposed by the Head of the Institution conducting this examination regarding the conduct of the examination or to the decisions taken regarding the issue of results.

(ii) I am aware that I am subjected being disqualified before appointment to this post or dismissal after appointment if it is proved out that the declaration I have made found to be untrue.

Date ....,
Signature of the Applicant.

11. Attestation of Applicant's Signature

I hereby certify that Mr./Mrs./Miss …… submitting this application is personally known to me and that he/she placed his/her signature in my presence on ……..……

……,
Signature of the Attesting Officer.

Name of the Attesting Officer: ……
Designation: …….....…….
Address: ……
(To be certified with the Official Seal)

12. Certification of the Head of Institution

Mr./Mrs./Miss ……. submitting this application is serving in the ……office/institution and that his/her service has been satisfactory and that the Examination Fee has been paid and the receipt is affixed and if he/she is selected based on the results of this examination he/she can be/cannot be released from service and that the information given above is true.

Date: …….

……..,
Signature of Head of Institution.

Name of the Head of the Institution: ……
Designation: ……
Address: ……
(To be certified with the Official Seal)