

Specimen Application Form

**The Open Competitive Examination for Recruitment to the Post of - Grade III -Dispenser in Management Assistant
Technical Segment 2 at the Department of Prisons - 2026**

Mark a tick (✓) in the relevant box for the medium of examination:

Sinhala ☐ Tamil ☐ English ☐

1. i. Full Name :
ii. Name with Initials :
2. Permanent Address :
3. National Identity Card (NIC) No.:
4. i. Telephone Number : Mobile: Landline:
ii. Email Address :
5. District of Residence :
i. District :
ii. Police Station :
6. Date of Birth : Year: Month: Date:
7. Age as of 2026/10/25 : Years: Months: Days:
8. Gender : Male: ☐ Female: ☐
9. Citizenship (By descent / By registration):
10. Marital Status: ☐ Married - 1 | Unmarried - 2 (Write the No. in the box)
11. Educational Qualifications (Must be stated clearly)
G.C.E. (O/L) Examination Results
(Attach a photocopy of the certificates)

Index Number: | Year:

<i>No.</i>	<i>Subject</i>	<i>Results</i>
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

12. G.C.E. (A/L) Examination Results (Attach a photocopy of the certificates)

Index Number: | Year:

<i>No.</i>	<i>Subject</i>	<i>Results</i>
01		
02		
03		

13. i. Experience (Years) :
ii. Special Qualification :

14. Professional Qualifications :
(Attach a photocopy of the certificates)

Note: Photocopies of certificates proving qualifications must be mandatorily attached. Applications submitted without attached copies of certificates will be rejected without prior notice.

15. Physical Qualifications:

- i. Height: Feet: Inches:
ii. Chest (Unexpanded): Inches: (For male applicants only)

16. Have you ever been convicted of an offense in a court of law? Yes / No

(If yes, give details):
.....

17. Payment of the Examination Fee:

<i>Amount Paid</i>	<i>Bank Branch Paid</i>	<i>Date Paid</i>	<i>Receipt Number</i>

Paste the payment receipt here.

18. Applicant's Declaration:

I, hereby certify that the information provided by me in this application is true and correct. I am, fully aware that if any information provided by me is found to be false or incorrect before the examination, I will be disqualified, and if revealed after appointment, my appointment will be canceled without any compensation.

Date:

.....,
Signature of the Applicant.

19. Attestation of Signature:

I certify that Mr./Mrs./Miss who presents this application is, personally known to me, signed above in my presence on, paid the prescribed examination fee, and pasted the receipt in the relevant space.

Date:

.....,
Signature of Attester.

Full Name of Attester:

Designation:

Address:

(Please place the Official Stamp)

20. For Applicants Employed in Public / Provincial Public Service Only:

I declare that is employed as a in this institution, that his/her work and conduct are satisfactory, that there are / are no disciplinary inquiries or actions against him/her, and that he/she can / cannot be released from the current post if selected for the post.

Date:

.....,
Signature of Head of Department / Institution.