**Specimen Application**

## Recruitment for the Post of Lecturer - Grade II of the Sri Lanka Planetarium

*(for the official use only)*
(Write the number corresponding to the medium of application in the box.)

(Sinhala - 2 / Tamil - 3/ English - 4)

Note : Medium of language applied cannot be changed.

1.0 1.1 Name in full (Mr./ Mrs./ Miss) :.....
(In Sinhala/ Tamil)
1.2 Name in Full : .....
(In English Capital letters)
1.3 Name with Initials (Mr./ Mrs./ Miss) : .....
(In Sinhala/ Tamil) Eg. එම්. ජී. බී. එස්. කේ. ගුණවර්ධන
1.4 Name with Initials (Mr./ Mrs./Miss) : .....
(In English Capital letters) :

2.0 2.1 Permanent Address :.....
(In Sinhala/ Tamil)
2.2 Permanent Address : .....
(In English Capital letters)

3.0 3.1 Gender : (Male - 0, Female - 1) ☐

3.2 Civil Status : (Married-1, Unmarried - 2) ☐

3.3 Date of Birth : Year : ☐☐☐☐ Month : ☐☐ Date : ☐☐

3.4 Age as at ..... 2026 : Years : ☐☐☐☐ Months : ☐☐ Days : ☐☐

3.5 National Identity Card No. : ☐☐☐☐☐☐☐☐☐☐☐☐

4.0 Telephone Number : Land Line ☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐

Mobile

5.0 Educational Qualifications :

| • 5.1 Degree | Awarding Institution | Date Awarded |
|---|---|---|
| ..... | ..... | ..... |
| ..... | ..... | ..... |

6.0 Experience : .....
.....
.....

* Certificates/ documents confirming basic qualifications must be self-attested by the applicant and submitted along the application.

7.0 **Certification by Applicant**

I hereby declare that the information provided by me in this application is true and correct and that all sections have been duly completed. I am aware that if this declaration is proven to be false, I will be disqualified from appointment if discovered before appointment, or be liable to dismissal from service if discovered after appointment. I further declare that I shall abide by all applicable rules and regulations.

..... .....
Date Applicant's Signature

8.0 Attestation of the Applicant's Signature

I do hereby certify that Mr./ Mrs./ Miss ..... who submitted this application is personally known to me and placed his/her signature in my presence.

.....,
Signature of the certifying officer.

Name in Full :
Designation :
Date :
*(Place the official seal)*

**9.0 Recommendation of the Head of Department (Only for applicants who are employed in the government sector)**

I hereby certify that Mr./Mrs./Miss ..... whose detail appear above, is working in this institution, and the information furnished by him/her is accurate and his/her work and attendance is satisfactory and no any allegations is pending against him/her and if he/she will be selected for this post, he/she can be released from the service at this institution.

.....,
Signature of the Head of Department,

Name :
Designation :
Address :
Date :

(Place the official seal)

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