For office Use	

SRI LANKA POLICE

Post of Probationary Sub Inspector of Police

SPECIMEN APPLICATION FORM

(i) Name in Full (Sinhala or Tamil)																		
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(b)	Name	with	Initia	als :												 		
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	(d)	Relevant Police St	ation of permanen	t address :		
	(e)	Mailing Address :.				
	(f)	Grama Niladhari I	Division of perman	ent address :		
		Divisional Secreta	riat :			
	(g)	Telephone No :		Hor	ne :	Mobile :
	(h)	E-mail Address :			Whats A _l	pp No. :
6)	(a)	Race :				
7)	Ag	te of Birthee (As at the closing	date of this Gazett	e notification)) Days :
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		Z-score				
10)	S	State preferred langu	age medium, if qu	alified for the w	ritten exam	
11)	N	Marital Status				
12)	F	Present Employment				

13)	Are you serving in Sri Lanka Police at Present ?									
	Place of duty:									
14)	Have you ever served in Sri Lanka Police? Post and Rank No:									
15)	(a) Are you currently serving in an Armed Force / Volunteer Armed Force ? Post and Rank No :									
	(b) Have you ever served in Armed Forces / Volunteer Force ? If yes, please attach a copy of the certificate legal discharge. If you have deserted an armed service or if you have been punished, please provide details.									
16)	Have you ever been arrested on suspicion or in connection with any offence?									
	Have you ever been accused of an offence (criminal offence/disgraceful offence/corruption) or summoned punished by a court or been subjected to fine as a punishment imposed by a court? (if yes, please provide the details).									
17)	Has any relative of yours ever been arrested on suspicion or in connection with any Offence (criminal offence disgraceful offence/corruption)? Has anyone ever been accused of an offence or summoned or punished by a cour (If yes, please provide the details),									
	I certify that the above particulars furnished by me in this application are true and accurate to the best of me knowledge. I am also aware that if any particulars contained herein are found to be false or incorrect, my service the Police Service, in the event of appointed, is liable to be terminated without any compensation.									
	Date. Signature of Applicant.									
18.	Certificate of the Head of the Department: (Only if relevant)									
	I, hereby declare that Mr									
	Signature and Stamp of the Head of the Department.									
	Designation :									
	Date:									

Note: - In addition to the above application the applicant requested to apply online application clicking the "join us" in the $\underline{www.police.lk}$ website or visit $\underline{www.public.police.lk}$ to forward the completed application.