## SPECIMEN APPLICATION

## THIHAGODA PRADESHIYA SABHA.

APPLICATION	FOR	THE	POST	OF	
HILLCAHON	LOIL	11112	1001	OI.	 

1.	(i) Applicant's name with initials:
	(ii) Names denoted by initials:
2.	Permanent Address:
3.	District of Permanent Residence :
4.	Divisional Secretary's Division of Permanent Residence :
5.	Date of Birth : Year : Month : Date :
6.	Age as at closing date of applications (As at 23.10.2017):
	Years : Months : Days :
7.	Sex:
8.	National Identity Card No.:
9.	Telephone Number:
0.	Civil Statues:———.
1.	Are you a citizen of Sri Lanka? If so by decent or registration:———.

		f Examinations passed) :—	<del></del> ,	
	Class passed:			
	E. (O/L) Examination :			
		Month :		
	Index Number :			
(111)	Result:	-,		
	Varia	Daga	V	D
	Year	Pass	Year	Pass
			-	
12.3 G C	E. (A/L) Examination			
		Month :		
	Index Number :			
	Result:			
(111)	Trobate.	•		
	Year	Pass	7	
			<u> </u>	
		N N		
13 Qualifications	about vocational or Se	rvice experience (Should r	prove by certificates):	
15. Quantications	about vocational of Sc	rvice experience (Should p	nove by certificates).	
14. If you are alrea	adv employed:			
1.50	ent Designation :			
	of Work :			
	and type of appointme			
X				
15. Have you ever	been convicted by any	court of law for any crimi	nal offence? if so give details	s:,
16. Certificate of the	he applicant :			
	. [2] "마이크로 맞았다는 기존 역동생 나타면 그리고 그리고 있다면 다 기계되다.	2011년년 - 11 10 10 10 10 10 10 10 10 10 10 10 10	e and correct. I am aware that	will be dispelled from
the service if any info	ormation is found false	after the selection without	any compensation.	
			Applicant's S	Signature
Date :			ripplicants	rightature.
Dute.				
Certificate of the Hea	ad of Department/Instit	ution for the applicants wh	o are already in the service:	
	J 1	J 11		
The Applica	ant Mr/Miss/Mrs		has been working in this	Department/Instituion
as	His/her work ar	e Satisfactory and he/she h	nas not been subject to any di	sciplinary punishment.
He/She can be/canno	ot be relased from the	service if selected for abo	ove post. and this application	n is recommended and
submitted.				
			2.	<del></del> ,
D			Signature of Hea	ad of Department
Date :				

11-494