	(For Office Use Only)							
	Specimen Application Form							
	ශී ලංකා තාක්ෂණ සේවයේ අපනයන කෘෂිකර්ම දෙපාර්තමේන්තුවේ III ශේණියේ කාර්මික නිලධාරී (සිවිල්) තනතුර සඳහා බඳවා ගැනීමේ විවෘත තරග විභාගය - 2017							
C	APPLICATION FOR THE COMPETITIVE EXAMINATION FOR RECRUITMENT TO THE POST OF TECHNICAL DEFICER (CIVIL) OF CLASS III OF THE SRI LANKA TECHNOLOGICAL SERVICE IN THE DEPARTMENT OF EXPORT AGRICULTURE -2017							
	Medium applied: Sinhala 2 Tamil 3 English 4 (Write the relevant number in the cage)							
01.	Name :- 1.1 Name in Full (in English capital letters) :							
	1.2 Name with Initials: (Surname followed by the initials of the other name in English capital letter): (Example: GUNAWARDHANA.H.M.S.K.)							
02.	Permanent Address:——. (In capital English Letters)							
	2.1 Address to which admission card should be posted:———. (In Capital English Letters)							
	2.2 Contact Number (If available):- Mobile :							
	Landline:							
03.	National Identity Card No. :							
04.	Gender: Female 1 Male 0 (Write the relevant number in the cage)							
05.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$							
06.	6.1 Date of Birth: Year: Month: D ate:							
	6.2 Age as at the closing date of applications (08.01.2018):							
	Years: Days:							

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Z	7	Z	O

07. Educational Qualifications : (a) G.C.E. (O/L):- Year & Month : Index Number : Language Medium :						FRATIC SOCIALIST REPUBLIC OF SRI LANKA – 08.12.2017 Further, I declare that I am subject to the rules and regulations imposed by the Director General of the Department of the Technical Education and the Training with the regard to holding of this.	
	Subject	Grade		Subject	Grade	Signature of the Applicant.	
1		ă.	6				
2	8	6	7			Date :	
4	-		8	0			
5		5	10	2		10. Attestation of the candidate's Signature:-	
	(b) G.C.E. (A/L):- Year & Month:					I certify that Mr. / Mrs. / Ms	
	2 3 4					Signature of the Applicant. Date:———.	
	(i) N (ii) N	essional Qua Qualification Jame of Cou Jame of the Collowed :—	s) : irse foll institut	owed:——e where the		Full Name of the Attester: Designation: Address: (Affirm by Official Stamp).	
	(iii) Y	ear of passing the effective	ng the	exam:——		 Certificate of the Head of the Department (If the Applicant is employed in the public service) 	
08.	Date of Bank B	eeipt No. :— f payment of Branch :—— at Paid :——	f Exan	nination Fee —.	s:	I certify that Mr. / Mrs. / Ms	
		ceipt issued on the top i a copy of th	margin	here.	1,500	/ she is selected for an appointment based on the results of this examination he/she can be / cannot be released from the present post.	
09. (Certificate of	the Applica	mts :-			Date :	
	I hereby ce in this appl if any infor is found to	ertify that the ication is tru mation furn be false or in for disqualif	e inforr e and a ished b naccura	ccurate. I an y me in this ite before I a	n aware that application im selected,	Designation:———. Address:———.	

12-291

dismissal without compensation if such revelation is

made after the appointment.