Specimen Application Form

EFFICIENCY BAR EXAMINATION FOR OFFICERS IN GRADE III OF THE SRI LANKA TEACHER **EDUCATORS' SERVICE – 2025**

Applications should be sent by registered Post through the Head of the institution to reach Commissioner General of Examinations, Institutional Examinations Organization Branch, Department of Examinations of Sri Lanka, P.O. Box 1503, Colombo. (The title of the Examination should be mentioned on the top left hand corner of the envelope)

(Indicate the relevant number in the 01. (i) Name in Full: (In English Block Capitals)	cage)								
	euge)								
(EX. HERALI I MUDI LANSELAGE SAMAN KUMARA GUNAWARDHANA)	x: HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)								
ii) Name indicating the last name first and the initials at the end (In English Block Capitals):									
(Ex: GUNAWARDHANA, H.M.S.K.)									
(iii) Name in Full (In Sinhala/ Tamil)									
02. (i) National College of Education/ Teachers' College/ Teachers' Centre wherein the or is serving and its Address (In English Block Capitals) The admissions are referred Address:	to this								
(iii) Personal Address (In English Block Capitals):									
03. Telephone Number :									
(i) Mobile Telephone									
(ii) Fixed Telephone									
04 (i) National Identity Card Number:									

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(ii) Sex	x: Male Female	-0 e-1		(Indicate th	e relevant n	umber in the ca	ge)		
05. (i) Date (ii) Desi					Month :		Date		
05. (i) Date	of birth:	Year:			Month :			:	

(write in the relevant cage)

06. The subjects for which the candidate sits should be clearly indicated with the Subject Number and the Subject mentioned under (a) in para two of the notification.

Subject	Subject No.

07. Whether sat the full or part of the Examination before and if so, mention the subjects and the year of sitting the Examination and the mediums.

Subject	Year	Medium	Index Number	

08. (i) Are you a candidate with special needs ? (Yes/No)

(ii) If yes, please state the nature of such special needs:-....

.....

09. I do hereby declare that the information mentioned above is accurate and I am entitled to sit this Examination in the medium of Language mentioned as per para 04 of this *Gazette* notification. I have affixed receipt herein obtained after paying the examination fee. Further, I do declare that I agree to be liable to the rules and regulations imposed by the Commissioner General of Examinations pertaining to the conduct of the Examination and the issuance of results.

Date

Signature of the Applicant.

10. Attestation of Signature

I certify that, Mr./Mrs./Ms. serving in my National College of Education / Teachers' College / Teachers' Center is personally known to me and he/she placed his/her signature before me on...... and he/she is exempted from the examination fee /has paid the due examination fee and affixed the receipt here.

.....,

Signature of the officer attesting the signature. (Immediate Staff officer)

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Name	:	
Designation	:	
Address	:	
Date	:	

11. Commissioner General of Examinations,

Department of Examination, Sri Lanka

I do hereby certify that the candidate described above is qualified to sit this examination and he/she is eligible to sit this examination in the medium of Language indicated by him/her as per the para 04 of the *Gazette Notification*. Further, I certify that the candidate is exempted from paying the examination fee/ has paid the specified examination fee and affixed the receipt obtained after the payment of the Examination fees.

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Signature of the President of National College of Education / Principal of the Teachers' College / Manager of the Teachers' Centre.

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