

Specimen Application Form

**Ministry of Buddhasasana, Religious and Cultural Affairs
Recruitment on Open Basis to the Post of Technical Officer
of the Supervisory Management Assistant - Technical (MN-3-2006A) Service Category– 2025**

(For office use only)

(Indicate in the box the number relevant to the medium of Application Sinhala-2/Tamil-3/English-4)

Note: The medium of application cannot be changed.

1.0

1.1 Full Name (Mr./Mrs./Miss.):.....
(In Sinhala/Tamil)

1.2 Full Name :.....
(In Block Capitals)

1.3 Name with Initials (Mr./Mrs./Miss.):.....
(In Sinhala/Tamil)

Eg.: M.G.B.S.K. Gunawardena

1.4 Name with initials :
.....
(In Block Capitals)

2.0

2.1 Permanent Address:
(In Sinhala/Tamil)

2.2 Permanent Address:
(In Block Capitals)

3.0

3.1 Gender: Female - 1 (Indicate in the relevant box)
 Male - 0

3.2 Marital status: Married - 1 (Indicate in the relevant box)
 Unmarried - 2

3.3 Date of Birth: Year Month Date

3.4 Age as at: Years Months Days

3.5 Nationality Identity Card Number:

4.0 Telephone Number: Land line :
 Mobile :

5.0 Educational Qualifications:

5.1 General Certificate of Education (Ordinary Level) Examination:
 Year: Index No.:

<i>Subject</i>	<i>Grade</i>

5.2 General Certificate of Education (Advanced Level) Examination:
 Year: Index No.:

<i>Subject</i>	<i>Grade</i>

6.0 Professional Qualifications:

6.1 Details of qualifications the applicant possesses as per the notice calling for applications to be called for the interview:

Institution from which the qualification was obtained	Effective date of the qualification
.....
.....

7.0 Have you ever been convicted by a court of law for any charge?

Tick (✓) in the relevant box. (If yes, please explain.)

No		Yes	
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8.0 Declaration by the Applicant:

I do solemnly declare that the particulars given by me in this application are true and correct, that all parts of this application have been filled up accurately, that I am aware that, if my declaration is found to be false, I am liable to disqualification before selection and to dismissal from service if detected after the appointment, and that I will abide by all the rules and regulations.

.....
Date

.....
Signature of the Applicant.

9.0 Attestation of the Applicant's Signature:

I certify that Mr./Mrs./Miss, who is submitting this application, is personally known to me, and he/she has placed his/her signature in my presence on this.....day of, and that he/she has duly paid the examination fee and affixed the receipt thereof.

.....
Signature of the Attestor.

Full Name:

Designation:

Date:

(Should be authenticated by the official seal)