Specimen Application Form

	ent to the Post ofent of National Museums – 2025	in the Primary (Non-Technical) Service Category of the
Departme	ant of reational reasoning 2023	
(For	r Official Use Only)	
1.0 1.1	Name with Initials: (Initials at the	end in English Capital Letters) E.g.: PERERA A.B.C.
1.2	Full Name: (In English Capital Le	
1.3		
1.4	National Identity Card Number:	
1.5 Da	ate of Birth: ate Month	Year Year
	ge as at the Closing Date for Applica	ations: Years Years
	ender: (Male - M, Female - F)	
	arital Status: (Mark with a $\sqrt{\ }$) Marri	ied Unmarried
2	.2 In Sinhala/Tamil:	
2		

elephone Numbe esidence:	ers:	Mobile:	
ducational Quali			
	ficate of Education (Ordinary	Level) Index number :	
1001		index number :	••••••
	Subject passed	Credit obtained	
General Certific	cate of Education (Ordinary	Level)	
	-	Level) Number:	
	Index	Number:	
	-		
	Index	Number:	
	Index	Number:	
	Index	Number:	
	Subject passed	Number:	
	Index	Number:	
	Subject passed	Number:	

(Certified copies of certificates to prove educational qualifications must be sent with the application) 6.0 Have you ever been convicted in a Court of Law for any charge? (Put a \sqrt{mark}) Yes () No () 6.1 If "Yes", provide details: 7.0 Applicant's Declaration: (a) I hereby declare that the information provided by me in this application is true and correct to the best of my knowledge. (b) I am aware that if any declaration made by me herein is subsequently proved to be false, I will be disqualified for employment and, if already appointed, will be liable to be dismissed from service. (c) I further declare that I shall abide by the rules and regulations laid down by the Director General of National Museums regarding the conduct of the eligibility assessment interview. (d) I will not request to alter any information provided herein at a later date. Signature of Applicant. Date: 8.0 Certification of Applicant's Signature I hereby certify that I know the person named who submitted this application, and that he/she signed before me under section 7.0 above on(date). Date: Name of Certifying Officer: Designation: Address: (To be authenticated with Official Seal)

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