Open Competitive Examination for Recruitment to the Post of Assistant Director

1.0. Medium: Language medium of the examination

<table>
<thead>
<tr>
<th>Language</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinhala</td>
<td>2</td>
</tr>
<tr>
<td>Tamil</td>
<td>3</td>
</tr>
<tr>
<td>English</td>
<td>4</td>
</tr>
</tbody>
</table>

(Write the relevant No in the cage)

(Application should be perfected in the language medium in which the candidate appears for the examination)

2.0. Personal Information

2.1. Name in Full (In English Block Capitals):

…………………………………………………………………………………………………

(ex : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

2.2. Name with initials at the end (In English Block Capitals):

…………………………………………………………………………………………………

(ex : Mr/ Mrs/ miss. GUNAWARDHANA, H.M.S.K.)

2.3. Name in Full (In Sinhala/ Tamil):

…………………………………………………………………………………………………

2.4. Permanent Address (In English Block Capitals):

…………………………………………………………………………………………………

(Admission cards are posted to this address)

2.5. Permanent Address (In Sinhala/ Tamil):

…………………………………………………………………………………………………

2.6. Postal Code:

…………………………………………………………………………………………………

2.7. National Identity Card No

…………………………………………………………………………………………………

2.8. Telephone No :

<table>
<thead>
<tr>
<th>Mobile</th>
<th>Land</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.9. Sex:

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

(Write the relevant No in the cage)
2.10. Birthday:-

2.11. Age as at the closing date of the Application:-

2.12. Marital Status :-

<table>
<thead>
<tr>
<th>Married</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmarried</td>
<td>2</td>
</tr>
</tbody>
</table>

(Write the relevant No in the cage)

2.13. Email Address:

2.14. Ethnic group :-

Sinhala -1, Tamil – 2, Indian Tamil – 3, Muslim – 4, Other – 5

3.0. Qualifications:

3.1 Date of graduation :-

( Please read (4) of the notification to ensure you have this qualifications)

<table>
<thead>
<tr>
<th>Examination/ Degree</th>
<th>Class</th>
<th>Year</th>
<th>Subjects</th>
<th>University/ Institution</th>
</tr>
</thead>
</table>

4.0. If a Public Employee,

4.1 Name of the Department/ Institution :-

4.2 Post held at present :

4.3 Date of Appointment :-

4.4 Whether permanent or temporary :

5.0. Affix the receipt so as not to be detached

It is advisable to keep a photocopy of the receipt

Receipt No :
Office to which the Examination Fee was paid :
Date :

6.0. Have you ever been convicted of any offence in a court of Law, if yes, give details.

7.0. Certification of the applicant :

I solemnly declare that particulars furnished by me in this application are true and accurate to the best of my knowledge. I am aware and declare that if any particulars contained herein are found to be false I am liable to disqualification before appointment and to dismissal from service if the inaccuracy is detected after appointment without any compensation and that I abide by all the rules and regulations.

Date .......................................................... Signature of the Applicant ..........................................................
8.0. Attestation of the signature of the Applicant

I hereby certify that Mr./Mrs./Miss. ................................................................. (Full name) who submits this application is known to me personally and that he/she placed his/her signature in my presence on ................. and further the officer has paid the prescribed examination fee and pasted the receipt on the applications.

........................................ Date .................................................. Signature of the Officer attesting the signature

Name in full of the Officer, attesting the Signature : ..................................................
Designation : ........................................................................................................
Address : .............................................................................................................
(To be confirmed by official stamp)

9.0. Report of the Head of the Department/ Institution

Mr./Mrs./Miss. ................................................................. who submits this application is serving at this Ministry/ Department as .................. and I recommend his/her application. Actions can be taken to release the officer upon selecting for this post.

........................................ Signature of the Head of the Department
Date: .................................................................
Name: ..........................................................................................................
Post: .............................................................................................................
Address: ........................................................................................................
(To be confirmed by official stamp)