

Specimen Form of Application

EFFICIENCY BAR EXAMINATION FOR OFFICERS IN GRADE II OF SRI LANKA TECHNOLOGICAL SERVICE- 2019 I (2024)

(An officer is not allowed to submit applications for Grade III and Grade II examinations at one and the same time)

Medium in which you sit for the examination :

(Sinhala - 2 / Tamil - 3 / English - 4)

(Indicate the relevant number in the cage)

01. Have you been recruited under the central government? If not, under which provincial public service ?

Indicate the relevant number in the cage

<i>Public Service</i>	<i>No.</i>
Central Government	10
Western Provincial	01
Central Provincial	02
Southern Provincial	03
Northern Provincial	04

<i>Public Service</i>	<i>No.</i>
Eastern Provincial	05
North Western Provincial	06
North Central Provincial	07
Uva Provincial	08
Sabaragamuwa Provincial	09

02. (a) Name in Full :

.....
(In English block capitals)

(e.g.: HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

(b) Name with Initials : (Indicate the initials at the end of the name) ;

.....
(In English block capital letters) (eg. GUNAWARDHANA, H.M.S.K)

(c) Name in Full:

(In Sinhala/Tamil)

03. Official Address : (Admissions will be posted to this address)

.....
(In English block capital letters)

.....
(In Sinhala/ Tamil)

04. Gender : (Male - 0 / Female - 1) (Indicate the relevant number in the cage)

05. National Identity Card Number :

06. Mobile phone number:

07. Subject/Subjects offered:

<i>Subject</i>	<i>Subject No.</i>
.....	<input type="text"/>
.....	<input type="text"/>

8. (i) Date of Birth : Year : Month : Day :

(ii) Age as at 09.09.2024 : Years : Months : Days :

09. (i) Designation :.....

(ii) Date of promotion to Grade II of the Sri Lanka Technological Service :
.....

(iii) Number and date of the letter of Promotion to Grade II of the Sri Lanka Technological Service
Number : Date :

10. Ministry/ Department to which you belong :

11. Particulars of the receipt obtained by paying the examination fee:

(i) The post office/sub post office at which the payment of examination fee is made :.....

(ii) Number and date of the receipt :.....

(iii) Amount paid :.....

Affix the receipt of examination fee here (It would be advisable to keep a copy of the receipt)

I declare that the particulars furnished above are accurate and I am entitled to sit for the examination in the language medium mentioned above. Further, I agree to abide by the rules imposed by the Commissioner General of Examination on conducting the examination and issuing the results.

.....,
Signature of the candidate.

Date :

Attestation of Candidate's Signature

I hereby certify that Mr./Mrs./Miss. is persently employed at my office and known to me personally and he/she placed his/her signature in my presence on 2024 and exempted from paying the prescribed examination fee/paid the prescribed examination fee and has affixed the receipt.

Date :

.....
Signature of the officer attesting.

Name of the officer attesting:.....
Post :.....
Address :.....
(Confirm by the Official Stamp)

Certification of the Head of the Department

I hereby certify that the particulars given in paragraphs 01-11 above are correct and this candidate is eligible to sit for the examination and also eligible to sit for the examination in the language medium mentioned above.

.....
Signature and designation of Head of Department.
(Confirm by the Official Stamp)

Date:.....

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