

Specimen application

**MINISTRY OF AGRICULTURE AND PLANTATION INDUSTRIES
DEPARTMENT OF ANIMAL PRODUCTION & HEALTH
FIRST EFFICIENCY BAR EXAMINATION FOR THE OFFICERS IN
SRI LANKA ANIMAL PRODUCTION AND HEALTH SERVICE - 2024.**

(Name of the examination should be written on the top left hand corner of the envelope.)

Language medium of examination Sinhala - 2
 Tamil - 3
 English - 4
(Write the relevant number in the cage)

01(i) Name in full (in block letters) :

.....

(Ex: HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANE)

(ii) Last name with initials (in block letters):

.....

(Ex: GUNAWARDHANE H.M.S.K)

(iii) Name in full (in Sinhala/Tamil):

.....

02. Postal Address (for the dispatch of admission card)
.....
(In Block Letters)

03. Gender
Female - 1
Male - 0

(Write the appropriate number in the cage)

04. NIC Number

05. Mobile No.

06. Subjects selected with the number as indicated in the paragraph 04 of the notification
(Should be written clearly)

Subject	Subject No.

07. State whether you have sat for whole or a part of this examination. If so state the subjects, year and month.

.....
.....
.....

08. Date of Birth : Year Month Date

09. Designation:
(In block letters)

Name of the Department:
(In block letters)

10. The date on which the appointment was made to the Sri Lanka Animal Production and Health service:
.....

I declare that the above particulars are correct and that I am entitled to sit for the examination in the language medium indicated above.
Further I am prepared to abide by the conditions enacted by the Commissioner General of Examinations with regard to the conduct of the examination.

Examination Fee Rs.:.....

Paying Office: Receipt No.:

**To affix the receipt
(keep a Photostat copy of the receipt)**

Date :.....

Signature of Candidate

**Commissioner General of Examinations,
Through Director General, Department of Animal Production & Health**

Forwarded: -

I certify that the candidate whose particulars appear above is eligible to sit for the examination and that he/ she has qualifications to sit for the examination in the medium stated in the application.

* I also certify that the receipt, paying the prescribed examination fee, has been duly affixed by the candidate.
I attest the candidate's signature

Date:

.....

Signature of Head of Department and Designation.
(Place the rubber stamp)

(* May be deleted when fee is not paid)