

SPECIMEN APPLICATION FORM

FIRST EFFICIENCY BAR EXAMINATION FOR AUTHORIZED OFFICERS GRADE II OF

THE DEPARTMENT OF IMMIGRATION AND EMIGRATION - 2023

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(For Office Use)

Medium Language sitting the examination :

Sinhala - 2

Tamil - 3

English - 4

(Write the relevant number in the cage)

0.1. 1.1 Name in Full (in capital letters) : .....

(Eg : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.2 Name with last name first, followed by initials of other names (In capital letters) :

(Eg : GUNAWARDHANA H. M. S. K)

1.3 Name in Full : .....

(In Sinhala/Tamil)

2.0. 2.1. Name and Address of Office/Department/Institution : .....

(In Capital letters)

(Admission cards will be posted to this address)

2.2. Name and Address of the Office / Department / Institution : .....

(In Sinhala/Tamil)

2.3. Private Address : .....

(In Sinhala/Tamil)

03. Gender

Male - 0

Female - 1

(Write the relevant Number in the cage)

04. National Identity Card No. :

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05. Mobile Phone Number :

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06. Subject/Subjects you sit the examination in this sitting :

Serial Number	Subject	Subject No.

07. Date of Birth :

Year  Month  Date

08. Present Post :

8.1. Post : .....

8.2. Letter of appointment No. : .....

09. 9.1 Are you sitting the examination for the first time ? .....

9.2 In case of not sitting the examination for the first time then the examination fee paid : .....

9.3 Receipt Number : .....

9.4 Date : .....

The receipt may be affixed here. (If applicable only)  
(It will be useful to keep a photocopy of the receipt)

10. I state that the above particulars furnished are correct, that I am entitled to sit the examination in the medium of language mentioned above and the receipt obtained after paying the examination fee of Rupees ..... has been affixed. I further state that I agree with the rules and regulations stipulated by the Director General of Sri Lanka Institute of Development Administration regarding the conducting of the examination and the issuance of results.

Date : .....

.....

Signature of the candidate

(The applicant shall place his /her signature in the presence of the Head of the Department or an officer authorized to sign on behalf of the Head of the Department.)

11. Attestation of Signature

I certify that Mr. /Mrs./Miss ..... personally known as an Authorized officer in my Department, placed his/her signature in my presence on ..... and the receipt obtained after paying the due examination fee has been affixed.

.....  
Signature of the officer attesting the signature

Name : .....  
Designation : .....  
Address : .....  
Date : .....

(Confirm with Official seal)

12. Attestation of the Head of the Department:

I certify that,

- 1. the particulars furnished above have been checked and
- 2. this officer is eligible to sit this examination.

.....  
Signature and the official seal of the Head of the Department.