Specimen Application

(For Office Use Only)

SECOND EFFICIENCY BAR EXAMINATION FOR GRADE II OFFICERS OF THE SRI LANKA EDUCATION ADMINISTRATIVE SERVICE - 2026

The Medium of Language through which the Officer sits the Examination

Sinhala - 1
Tamil - 2
English - 3 (Indicate the relevant number in the cage)

(The name of the examination should be stated on the top left-hand corner of the envelope)

01. I. Name in Full (In English Block Letters) :
Eg: HENAGE DON SHIRAL GAYANTHA GUNASEKARA
.....

02. Address :
I. Official Address : .....
II. Personal Address : .....

03. National Identity Card No. :

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

05. Date of Birth : Year : Month : Date :

06. Designation : .....

07. Place of Work (Department/ Zonal Education Office/ Divisional Educaiton Office/ School)-
.....

08. I. Mobile Telephone Number :

II. Official Telephone No. :

09. Subject/s applied (The subjects you are to sit for should be clearly stated, including the subject numbers given in the table in Paragraph 03 of the notice) :

Subject	*Subject Code*

10. If you have previously appeared for this examination (either fully or partially), please state the year, subject(s) and language medium of examination you appeared.

Year	Subject	Language Medium
.....	.....	.....
.....	.....	.....

11. Are you applicant with special needs? .....

12. I declare that the information provided above is accurate, and I am eligible to sit for this examination in the language medium specified in the application, and I agree to abide by all the rules and regulations governing the examination. I further declare that I agree to be bounded by the rules and regulations laid down by the Commissioner General of Examinations in respect of conducting the examination, as well as the decisions taken on the release of the results.

Date : ....,
Applicant's Signature.

13. Commissioner General of Examination :

I certify that the applicant whose particulars are given herein is eligible/ is not eligible to sit for this examination, and he/she is eligible to sit for the examination in the language medium he/she has mentioned in the application.

I assert that the prescribed examination fee has been paid and the respective receipt has been affixed. (*)

.....,
Signature of the Head of the Department.

Date : .....
Name : .....
Post : .....
Official Address : .....
(Substantiate with the Official Stamp)

(*) Cross out if the payment of examination fee is not required)