For office use

## Specimen Application Form Open Competitive Examination for Recruitment to the Post of

## in the Department of Agriculture - 2020

01. Medium in which you appear for the examination - Sinhala - 1 Tamil - 2						
02. Post applied for:-						
03. Name 3.1 Name with initials :-  (In English capital letters) Eg. :- GUNAWARDHANA, H.M.S.K						
3.2 Full Name :						
(In Sinhala / Tamil) 3.3 National Identity Card No						
3.4 Telephone Number :						
04. Permanent Address						
4.1 In English capital letters						
4.2 In Sinhala / Tamil :						
4.3 Address to which the Admission Card should be sent :						
(In English capital letters)						
4.4 District of Residence : -						
4.5 Divisional Secretarial Division :-						
O5. Sex  Female- 1 Male - 0  ( Write the relevant Number )						

06		6.1 Date of Bir	th: Year			Month	Date
		6.2 Age as at the Year	ne final date of	f the appl Month	ication	Date	
		6.3 Civil Status	<b>;</b>				
		Married		1			
	(V	Unmarr		2			
	( v	Vrite the relevant	Number in th	le cage.)			
07. E	ducatio	onal Qualificati	ons (With la	nguage	mediu	m)	
	(a)	GCE (O/L) E	xamination				
	I.	G.C.E. (O/L) Examination  Year and Month :					
	II.	I., d Nl					
	III.	Language medium :					
	IV.	- 1.					
		First Sitting				Second Sitting	5
	Subjec	ets	Pass			Subjects	Pass
1				-	1		
2				_	2		
3				-	3		
4				<u>-</u>	4		
5				-	5		
6				<u> </u> -	6		
7				_	7		
8				_	8		
1				1	_		
9					9		

	Year and Mo	onun .	•••••			
II.	Index Number :					
III.	Language me	Language medium :				
IV.	Result					
		Subjects		Pass		
		Subjects		1 ass		
	<u> </u>	1		<b>1</b>		
08. Vocati irrelevan	-	tions : (For	r the post o	of Farm Cle	erk vocational o	qualifications are
Diploma		the Diploma	Passed year	Medium	Index	Effective date
	issuing inst	issuing institution			Number	of the Diploma
						1
						1
	you have been	convicted of ar	ny charge be	fore a court:	- Yes / No	
<b>09.</b> Whether If yes, suppl		convicted of ar	ny charge be	fore a court:	- Yes / No	
		convicted of ar	ny charge be	fore a court:	- Yes / No	
		convicted of ar	ny charge be	fore a court	- Yes / No	
If yes, suppl	y details.					
If yes, suppl	y details.  People's Bar	nk branch t				
If yes, suppl	y details.  People's Bar	nk branch t				ve been paid
10. The	y details.  People's Bar  Date of payn	nk branch t				ve been paid
If yes, suppl	y details.  People's Bar  Date of payn	nk branch t			ion Fees ha	ve been paid

G.C.E. (A/L) Examination

(b)

## 11. Certification by the Applicant -

I hereby certify that the information provided by me in this application are true and correct. I am aware that I shall be subjected to disqualification if it is revealed that any of the information contained herein are found to be false or inaccurate and I shall be subjected to dismissal from this post without any compensation if it is revealed that any of the information contained herein are found to be false or inaccurate after being appointed. I also declare that I shall abide by the rules and regulations imposed by the Director General of Agriculture regarding the conduct of the examination and the decisions taken regarding the issuance of the results. I certify that I submit only one application for the post I am apply for.

Date	Signature of the applicant
12. Attestation of the signature of the applican	nt –
me personally and that he / she has signed on	submitting this application is known to before me. I further certify
that the due examination fee has been paid and	corresponding receipt has been affixed herein.
Date	
	Signature of the Officer Attesting the signature
Full Name of the Officer Attesting:	
Position:	
Address:	
(Confirm with official seal)	
Note:	
Head of the Institution or by an authorized off signature attested by the Head of a Governme Justice of the Peace, Commissioner of oat	ost must get his / her signature attested by the ficer and the other applicants should get his / her ent School, a Grama Niladhari of the Division, a chs, an Attorney-at-Law, a Notary Public, a Permanent staff grade officer of Government or
notification to appear for this examination, the	ve has the qualifications mentioned in the gazette prescribed examination fee has been paid and the d for this post he / she can / cannot be released
Date	Signature of the Head of Department
Full Name of the Head of the Department: Position: Address: (Confirm with official seal)	