

Open Competitive Examination for Recruitment to Grade III of the post of Co-operative Development Officer of Department of Co-operative Development - 2019

Index No. (For official use only)

Medium of the examination :- (Please write relevant number in the cage) ( Sinhala - S, Tamil - T, English - E)

01. Code Number of the District of Permanent residence (Kandy -01, Matale- 02, Nuwara Eliya- 03)

- 1.1 Name with initials: ..... Mr/Mrs/Miss (In English Block Capital Letters)
- 1.2 Name with initials (in Sinhala/Tamil): .....
- 1.3 Names denoted by the initials (In English Block Capital Letters):-.....
- 1.4 Names denoted by the initials(in Sinhala/Tamil):-.....

- 02. 2.1 Permanent residence(in Sinhala/Tamil):-.....
- 2.2 Address to which the admission card should be sent (in Sinhala/Tamil):-.....
- 2.3 Address to which the admission card should be sent(In English Block Capital Letters):-.....
- 2.4 Official address if currently employed in Public/Provincial Public service:-.....

IV (අ) කොටස - ශ්‍රී ලංකා ප්‍රජාතාන්ත්‍රික සමාජවාදී ජනරජයේ ගැසට් පත්‍රය - 2019.08.30 959 PART IV (A) – GAZETTE OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA – 30.08.2019

- 2.5 Telephone No.:-.....
- 03. 3.1 Date of Birth:-.....
- 3.2 Age as at 27.09.2019:- Years..... Months..... days.....
- 3.3 National Identity Card No.:-

04. Gender (Male/Female):-.....

05 5.1 District of the Applicant’s permanent residence :-.....

Residence according to the electoral register	2016	2017	2018	2019
Election Division				
Polling Area				
Polling Division				
Grama Niladhari Division Number				
Household number				
Serial number in front of the Name				

06. Educational Qualifications:-

6.1 G.C.E. (Ordinary Level) examination:-

Year:-..... Index No.:-.....

Subject	Pass

6.2 G.C.E. (Advanced Level) Examination:-

Year: ..... Index No: .....

Subject	Pass

960 IV (අ) කොටස - ශ්‍රී ලංකා ප්‍රජාතාන්ත්‍රික සමාජවාදී ජනරජයේ ගැසට් පත්‍රය - 2019.08.30 PART IV (A) – GAZETTE OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA – 30.08.2019

07. Professional Qualifications:-

Institution relevant to the vocational qualification	Completed professional qualification	Duration	Pass	Certificate No. and Date

08. Other qualifications:-.....

- 09. Particulars of examination fee of Rs. 600/- :-
- (a) Divisional Secretary Office to which the payment was made .....
- (b) Date.....
- (c) Receipt number .....

(Paste the receipt of the payment in this column)

Certification by Candidate

I declare that the information I have provided in this application is true and correct. I am aware that if any of these information are found to be false or inaccurate, I shall be ineligible for recruitment and, upon receipt of an appointment, will be subjected to dismissal.

Date Signature of Candidate.

Certifying the Signature of the applicant

I certify that, Mr./Mrs./Miss ..... who is submitting this application is personally known to me and that he/she placed his/her signature inform of me on this date.

Date:-..... Signature of the certifier. (Place official Stamp)

Full Name of the Certifier:-..... Designation:-..... Address:-.....

10. If the applicant is presently working in the Public / Provincial Public Service, the following certification should be made by the Head of the Department.

I certify that the candidate named ..... is serving in this Department / Institution as ..... and that he/she has not been subjected to any kind of disciplinary punishment (other than admonition) for the past 5 years and that he/she can be released if selected for the above post.

Signature of the Head of the Department / Institution, (Place official Stamp) Date:- .....