(For office use only)

SPECIMEN FORM OF APPLICATION

Open Competitive Examination for Recruitment to Grade III of Sri Lanka Architects' Service (2019) 2020

1.0 Medium :- Medium of Examination :
1.0 Medium - Medium of Examination .
Sinhala - 2 Tamil - 3 English - 4 [Indicate the relevant number in the cage]
• The application should be filled in the medium of language in which the candidate intends to sit for the examination.
2.0
2.1 Name in Full (In English Block Capitals) :—
(E.g.– HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)
2.2 Name with initials at the end (in English Block Capitals):————————————————————————————————————
(E.g.– GUNAWARDHANA,H.M.S.K)
2.3 Name in Full (In Sinhala/Tamil) :
2.4 National Identity Card No. :-
2.5 Permanent address in English Block Capitals: (Admission card will be sent to this address):———————————————————————————————————
2.6 Permanent address (In Sinhala/Tamil) :
2.7 Telephone No. :-
Mobile Fixed
2.8 Sex:- (Indicate the relevant number in the cage)
Male - 0 Female -1
2.9 Date of birth: Year: Month: Date:

2.10	Age as at the closing date of applications: Years: Months: Days:
	2.11 Postal town:——.
2.12	Race :- (indicate the relevant number in the cage)
	Sinhala - 1 Tamil - 2 Indian Tamil - 3 Muslim - 4 Other - 5
2.13	Marital Status:- (Indicate the relevant number in the cage)
	Single - 1 Married - 2
2.14	E-mail address :———.
3.0 Educ	cational Qualifications :
3.1 Degre	ee :
3.2 Effect	ive date of the degree :———.
	se read 04 in the notification carefully)
	x No. :
3.4 Lang	uage medium of the examination:——.
4.1	Date of acquiring the full professional qualification (Chartered Architect's Status):
0 Paste the	e cash receipt properly:-
Office	ipt No. :————. e to which the fee was paid :————. :————.
Office Date	e to which the fee was paid:———.
Office Date 6.0 If ye	e to which the fee was paid :

7.0 Certificate of the candidate:-I declare that information given in this form is true to the best of my knowledge and belief and that I have affixed the receipt No. dated being the payment of the examination fee. I also agree to be bound by the rules governing the examination and any decision that may be taken to cancel my candidature prior to, during or after the examination, if it is found that I am ineligible according to the regulations of the examination. Further, I shall be liable to be dismissed from service without any compensation, if it is found that any particular indicated in the application is found to be false or incorrect even after the appointment. And, I agree to be bound by the rules and regulations imposed by the Commissioner General of examinations on conducting the examination and issuing the results. Signature of the candidate. Date:—— 8.0 Attestation of the applicant's signature, (as per Para 9 (X)) of the *Gazette* Notification): I hereby certify that (Full name), who submits this application, is known to me personally, that he/ she has paid the prescribed examination fee and affixed the relevant receipt herein. He/ She placed his/ her signature in my presence on..... Signature of the officer attesting the signature. Name in full of the officer attesting the signature:——. Designation :———. Address :———. (To be certified by placing the official stamp) 9.0 Certificate of the Head of the Institution (Only for the applicants engaged in public/provincial public service): I hereby certify that Mr./Mrs./Miss...... who is submitting this application, is working as

a in this Ministry/Department/Institute and his/her application is hereby recommended and submitted. He/She can be released from the post held at present, if he/ she is selected for this post.

(Signature of the Head of the Department/Institution).

Name :----Designation :----Address:——. (Place the official stamp)