Model Application	

For office use only

Open Competitive Examination for recruitment of graduates to the Sri Lanka Teacher's Service grade 3 –I (a) for Sinhala and Tamil medium Teacher vacancies in provincial council schools in Uva province-2023

01.	Distric	t of permanent residence	:					
		edium of language that will or the exam:	l be			Sin	hala - 1, Tamil - 2	
	2.2 Su	bject applied for			Subject		Subject Code No.	
	(M	ention the subject you are app	olying for ar	nd the subjec	et code numbe	er as per the sub	oject vacancy list)	
03.	3.1	Full Name (In English capital letters						••••
	3.2	Last name first and then the initials : Rev/Mr/Mrs/Miss						
		(In English capital letters) Eg :- HE	RATH A.M	1.N.			••
	3.3	Name in full (In Sinhala/In Tamil)	:					
04.	4.1	Permanent address (In English Capital Letter						
	4.2	Permanent address (In Sinhala /In Tamil)	:					•••
	4.3	E-mail address (Mention the address cor	: rectly as th	e exam adı	mission will	be forwarded	.)	•••
	4.4	Mobile phone number	:					
05.	Natio	onal Identity Card Number	: [
06.	6.1	Gender	: Female	- 1 / Male -	0			
	6.2	Birthday	: Year		Mor	nth	Date	
	6.3 A	age as at 18 th September 20)23 : Year	r	Month	Da	te	

Educational qualifications:-									
8.	1 G.C.E. (O/	L) examination:							
	Year :	ear : Index Number :							
	Sul	oject Grade	ct Grade		oject	Grade			
1			6						
2			7						
3			8 9						
5			10						
	• 6674	7 \							
8.2	8.2 G.C.E. (A/L) examination:								
	Year :			Index Numb	er:				
		Subject		Grade					
1									
2									
3									
4									
8.3 Details of the Degree		the degree obtained Awarding Institution	Effective Date	Subje	ects	Medium of language of the Degree studied			
Pa	uid Exam fee Rs								
		d date of examinati							
Re	eceipt number an	d date of examinati	on fee payment:.						
Re	eceipt number an		on fee payment:.						
Re	eceipt number an	d date of examinati	on fee payment:.	ained:					
Re Th	eceipt number an ne Divisional Sec	d date of examinati	on fee payment:. the receipt is obtee Paste the receipt	ained:ot in the box					
Re Th	eceipt number an ne Divisional Sec	d date of examinati	on fee payment:. the receipt is obtee Paste the receipt	ained:ot in the box					
Re Th	eceipt number and ne Divisional Second secon	d date of examinati	on fee payment:. the receipt is obtee Paste the receipt	ot in the box Government	Service/Centra	l Government			
Re Th	the applicant is cervice,	d date of examination which cretariat from which currently employed signation :	Paste the receipt in Uva Provincial	ot in the box Government	Service/Centra	l Government			
Rec Th	the applicant is cervice, Current de Date of ap	d date of examination which cretariat from which currently employed signation :	Paste the receipt in Uva Provincial	ained:ot in the box Government	Service/Centra	ll Government			
Rec The If See 11	the applicant is cervice, Current de Date of ap If the servi	d date of examination which cretariat from which currently employed signation :	Paste the receipt in Uva Provincial	ained:	Service/Centra	l Government			

12.	Certification	by	the	app	olicant
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Ι		hereby certify that the
		the best of my knowledge and belief. I understand that
		my right to be appointed to the above post for which I
· ·		n may be taken against me. Furthermore, I also declare
that I am subject to the rules in	nposed by the Uva Provinc	ial Public Service Commission regarding the conduct of
the competitive examination a	and the release of the resul	Its and the decisions taken regarding the release of the
results.		
Date :		Signature of the applicant
13. Attestation of the si	ignature of applicant::	
submits this application, servi	ng in the position of	who in the office, is gnature in my presence on
		Signature of the officer who attest the signature
		(place the official seal)
Name in full of the Attester	:	
Designation Address		
Address		
(Confirm by the official stamp)	
	Head of Department for se or Central Governme	r applicants employed in Uva Provincial ent Service
I. Certification by the I	Head of the Institution	
application is serving since institution/department/ministry has been taken against him/h	y and his/her work, attendanter and no action is inter	who submits this in the position of
Date :		Signature of the Head of Institution

Signature of the Head of Institution (Place the official stamp)

II. Certification by the Head of the Department/Secretary to the Ministry

I certify that Mr/Mrs/Ms	who submits this
application is serving sincei	n the position of in this
institution/department/ministry and his/her work, attended to the state of the stat	dance, conduct are satisfactory, that no disciplinary action
has been taken against him/her and no action is in	tended to be taken against him/her and that the above
information is correct and recommend that if he/she	s selected for appointment he/she may be released from
his/her current post.	
(Cut out unnecessary words)	
Date : Signature of the	ne Head of the Department/Secretary to the Ministry (Place the official stamp)
Name of the Head of the Department/Secretary to the M Designation	finistry :
Address	:
(Confirm by the official stamp)	