

## Specimen Application Form

For Office Use Only

### Open Competitive Examination for Recruitment to the Post of Parliamentary Officer – 2024

Medium of examination applied for Translation Skills paper:

English/Sinhala - 2   
English/Tamil -3

(Write the relevant number in the box)

1.0

1.1) Full Name : .....  
(In Block Capitals).....

1.2) Full Name : .....  
(In Sinhala / Tamil).....

2.0

1.1) Permanent Address : .....  
(In Block Capitals) .....

1.2) Official Address (if any) : .....  
(In Block Capitals).....

1.3) Address to which the Admission Card should be sent : .....  
(In Block Capitals).....

3.0

3.1) Gender : Male – 0 Female – 1  
(Write the relevant number in the box)

3.2) National Identity Card No: 

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3.3) Contact Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.4) WhatsApp Number: 

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3.5) E-mail: .....

3.6) Date of Birth : Year 

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 Month 

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 Date 

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3.7) Age as at the date on which the qualifications are fulfilled:  
Year 

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 Month 

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 Date 

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4.0 Educational Qualifications:

4.1) G.C.E. (O/L) Qualifications:

- i. Year of Examination and month : .....
- ii. Index No. : .....
- iii. Results:

Subject	Grade	Subject	Grade
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

4.2) G.C.E. (A/L) Qualifications:

- i. Year of Examination and month: .....
- ii. Index No.: .....
- iii. Results:

Subject	Grade
1.	
2.	
3.	
4.	

4.3) Details of the Degree:

- i. Effective date of the Degree: .....
- ii. Index No.: .....
- iii. Name of the Degree: .....
- iv. Subjects: .....

5.0 Other Qualifications: .....

.....

.....

6.0 Have you ever been convicted by a court of law? (Put a tick (✓) in the relevant box)  
 (If yes, give details)

Yes No

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7.0 Details of the receipt of payment of examination fee:

- i. Paid office : .....
- ii. Receipt No. and date:.....
- iii. Paid amount : .....

Stick the receipt here so that it will not be detached.  
(Keeping a copy of the receipt with you would be useful.)

8.0 Certificate of the Applicant:

- a) I declare that the details furnished by me in this application are true and accurate to the best of my knowledge. I agree to bear up the loss that would be caused to me in case any part of this application has not been filled in and/or has been filled in inaccurately.
- b) Any information in the application found to be false disclosed before selection will render the applicant liable for disqualification, and to dismissal, if discovered after appointment.
- c) I further declare that I will be abide by the rules and regulations that will be imposed by the Commissioner General of Examinations in connection with conducting of the examination.
- d) I will not change any information later that I have furnished in this application.

Date:.....

.....  
Signature of the Applicant

9.0 Attestation of the signature of applicant

I certify that Mr/Mrs/Miss ..... who submits this application is personally known to me and that he/ she placed his/ her signature in my presence on ....., and that he/she has paid the due examination fees and has pasted the relevant receipt of such payment on this application form.

Date: .....

.....  
Signature

Full name of the attester: .....

Designation : .....

Address : .....

(Official stamp)

