For office use

Model Application Form

Open Competitive Examination for Recruitment for the Posts of Farm Clerk / Seed Technician/ Male Warden / Female Warden - 2025 Department of Agriculture

කෘෂිකර්ම දෙපාර්තමේන්තුව

කෘෂිකර්ම දෙපාර්තමේන්තුවේ ගොවිපල් ලිපිකරු / බීජ කාර්මික / නේවාසිකාගාර පාලක / නේවාසිකාගාර පාලිකා තනතුරු සදහා බඳවා ගැනීමේ විවෘත තරහ විභාගය - 2025

01. Medium in which you appear for the examination - Sinhala - 1 Tamil - 2						
02. Post applied for:- (In Sinhala / Tamil) (In English)						
03. Name 3.1 Name with initials : (In English capital letters) Eg. :- GUNA						
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 :						
4.4 District of Residence :			•••••			
4.5 Divisional Secretarial Division :			•••••	••••		
05. Sex Female- 1 Male - 0 (Write the relevant Number)						

06	6.1 Date of Birth: Year Month Date
	6.2 Age as at the final date of the applications Year Month Date
07. Education	6.3 Civil Status Married - 1 Unmarried - 2 (Write the relevant Number in the cage.) al Qualifications (With language medium)
(a) I.	G.C.E. (O/L) Examination Year and Month:
II. III. IV.	Index Number :

The qualifications mentioned above 3:1 in the call for applications must be in a single certificate.

	Subjects	Pass
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I.						
	Year and Me	onth :		•••••		
II.	Index Number :		•••••	•••••		
III.	Language medium :					
IV.	Result					
		Ta 1: .				
		Subjects		Pass		
08. Vocation	-	`	-	Farm Clerk	/ Male Warden/	Female Warden
vocational	qualifications	s are not applica	able.)			
Diploma/	Name of t	the institution	Medium	Index	Effective date	Passed year
NVQ Course	where the I	Diploma/NVQ		Number	of the	
	certificat	e was issued			Diploma	
	<u>L</u>		<u>l</u>		l	
		convicted of an	v charge hef	ore a court	- Ves / No	
19 Whether v	ou have been	convicted or an	ly charge bei	ore a court.	165/110	
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If yes, supply	details.					
If yes, supply	details.		Examination	Fees have	been paid	
If yes, supply	details.	unch to which I	Examination		-	
10. The Peopl	details. le's Bank bra Date of payn	unch to which I	Examination		been paid	
10. The People 10.1 10.2	details. le's Bank bra Date of payn Receipt Num	unch to which I	Examination		-	
10.1	details. le's Bank bra Date of payn	unch to which I	Examination			

Page 3 of 4

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 applying for.

Date	Signature of the applicant
me personally and that he / she has signe	ant – submitting this application is known to d on before me. I further certify and corresponding receipt has been affixed herein.
Date Full Name of the Officer Attesting: Position: Address: (Confirm with official seal)	Signature of the Officer Attesting the signature
Head of the Institution or by an authorized signature attested by the Head of a Gover Justice of the Peace, Commissioner of	ent post must get his / her signature attested by the d officer and the other applicants should get his / her rnment School, a Grama Niladhari of the Division, a f oaths, an Attorney-at-Law, a Notary Public, a by a Permanent staff grade officer of Government or
what is inapplicable.) I certify that the applicant, whose details a in the gazette notification to appear for t	e Public Service / Provincial Public Service (Strike off are furnished above, has the qualifications mentioned this examination, the prescribed examination fee has and If he / she is selected for this post he / she can / ost in this department.
Date	Signature of the Head of Department
Full Name of the Head of the Department: Designation: Address: (Confirm with official seal)	