Application Form

Recruitment for the Post of ..... in the Associated Service Category of the Department of National Museums- 2025

(For Official Use Only)

1.0 Personal Details

1.1 Name with Initials: (Surname first, in English Capital Letters) *E.g.: PERERA A.B.C*

.....

.....

1.2 Full Name: (In English Capital Letters)

.....

.....

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

.....

1.4 National Identity Card Number: | | | | | | | | | | | | |

1.5 Date of Birth:

Day | | | *Month* | | | *Year* | | | | |

1.6 Age as at the Closing Date for Applications:

Days | | | *Months* | | | *Years* | | | | |

1.7 Gender: (Male - M, Female - F) | |

1.8 Marital Status: (Mark with a √) Married | | Unmarried | |

2.0 Permanent Address :

2.1 In English Capital Letters: .....

.....

2.2 In Sinhala/Tamil: .....

.....

2.3 Postal Address: .....

.....

3.0 Permanent Residence :

3.1 Provincial Council: .....

3.2 District**:** .....

4.0 telephone number :

Landline : | | mobile : | |

5.0 Educational Qualifications:

Degree/Postgraduate Qualification Passed	*Class*	*University*	*Completion of the Date of Degree*
1.			
2.			
3.			
4.			

(Certified photocopies of documents verifying educational qualifications must be sent with the application.)

6.0 Professional Qualifications:

Course of Study	*institution*	*Professional Level Attained*	*Completion of the Date of Course*

7.0 Experience :

Service station	*post*	*Service period*	
		from	*to*
1.			
2.			
3.			
4.			

8.0 Have you ever been convicted by a court on any of the charges :
(put a √ mark in the appropriate box)

Yes ☐ No ☐

8.1 if yes mention the description: .....
.....

9.0 Applicant's Declaration:

(a) I hereby declare that the information provided by me in this application is true and correct to the best of my knowledge.
(b) I am aware that if any declaration made by me herein is subsequently proved to be false, I will be disqualified for employment and, if already appointed, will be liable to be dismissed from service.
(c) I further declare that I shall abide by the rules and regulations laid down by the Director General of National Museums regarding the conduct of the eligibility assessment interview.
(d) I will not request to alter any information provided herein at a later date.

Date: .....

.....
Signature of Applicant

10. Certification of Applicant's Signature :

I hereby certify that I know the person named ..... who submitted this application, and that he/she signed before me under section 7.0 above on ..... (date).

Date: .....
Name of Certifying Officer: .....
Designation: .....
Address: .....
(To be authenticated with Official Seal)