SPECIMEN APPLICATION FORM

For Office Use Only

DEPARTMENT OF GOVERNMENT FACTORY
RECRUITMENT TO POSTS IN THE PRIMARY UNSKILLED SERVICE CATEGORY - 2026

Language medium applied for:

Sinhala - 2

Tamil - 3

English - 4

(Write the relevant number in the box)

1. (a) Full name (in English block capitals):

.....

.....

(Example: HERATH MUDIYANSELAGE SAMAN RATHNAYAKA)

(b) Name with initials (in English block capitals):

.....

(Example: H. M. S. RATHNAYAKA)

(c) Full name (in Sinhala/Tamil, as applicable):

.....

.....

2. (a) Permanent address (in Sinhala /Tamil):

.....

.....

(b) Address to which the admission card should be sent (in English block capitals):

.....

.....

(c) Address to which the admission card should be sent (in Sinhala/Tamil):

.....

.....

3. National Identity Card Number : ☐☐☐☐☐☐☐☐☐☐☐☐

4. Sex: : Female - 0 ☐

(Write the relevant number in the box) Male - 1

5. Date of Birth : Year: ☐☐☐☐ Month: ☐☐ Day: ☐☐

6. Age on the closing date of applications: Years: ☐☐ Months: ☐☐ Days: ☐☐

7. Telephone Number: ☐☐☐☐☐☐☐☐☐☐

8. Educational Qualifications: (Copies of the relevant certificates must be attached.)

8.1 Details of the G.C.E. (Ordinary Level) Examination

I. First Attempt - Results

Index Number : .....

: Year: ..... Month: .....

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

II. Second Attempt - Results

Index Number : .....

: Year: ..... Month: .....

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

8.2 Details of the G.C.E. (Advanced Level) Examination

I. Year and Month of Examination: .....

II. Index Number : .....

Results

Subject	Grade
1.	
2.	
3.	
4.	

9. Additional Educational Qualifications: (Copies of the relevant certificates must be attached.)

Serial No.	Institution	Name of Course	Duration	Certificate Validity Date

10. Professional Qualifications: (Copies of the relevant certificates must be attached.)

Serial No.	Institution	Name of Course	NVQ Level	Duration	Certificate Validity Date

11. Service Experience Relevant to the Post

Serial No.	Period of Service		Post	Place of Work
	From	To		

12. Extra-curricular Activities: .....
.....
.....
.....
.....

13. Details of any post presently held**:**

I. Post and Grade : .....

II. Date of Appointment : .....

III. Institution : .....

IV. Whether the post is permanent and pensionable: .....

14. Have you ever been convicted by a court for any offence?
(Place a mark in the relevant box.) If yes, give details.

Yes ☐ No ☐

.....

.....

.....

15. Applicant's Declaration

(a) I solemnly declare that the information furnished by me in this application is true and correct to the best of my knowledge. I agree to bear any loss that may result from leaving any part incomplete and/or completing it incorrectly. I further declare that every part of this application has been completed correctly.

(b) I am aware that, if this declaration is proved false, I will be disqualified before appointment and liable to dismissal from service after appointment.

(c) I will not alter any information stated herein subsequently.

(d)I attach and submit copies of certificates confirming my educational and professional qualifications.

Date: ....
Applicant's Signature

16. Certification of the Applicant's Signature: (Strike off the words that are not applicable)

I certify that Mr./Mrs./Miss..... who submits this application is personally known to me and that he/she signed this application in my presence on.....

Date: ....

Signature of Certifying Officer

Name of Certifying Officer: .....

Designation : .....

Address : .....

Official Stamp : .....

Note - The application must be certified as stated in paragraph 15 of the Gazette notification.

17. If the applicant is an officer in the Public Service/Provincial Public Service, Certificate of the Head of Institution:

I certify that Mr./Mrs./Miss ..... who submits this application is employed in this Ministry/Department/Corporation/Board and that, if he/she is selected for the above post, he/she can/cannot be released from the service of this institution.

.....

Signature of the Head of Institution

Name of the Head of Institution: .....

Designation : .....

Address : .....

Official Stamp : .....