(For Office use only)

Specimen Application

Open Competitive Examination for the Recruitment to the Post of Prison Guard - 2023)

Town No.

Town

1st Preference					
2 nd Preference					
2 Treference					
	ragraph 02 of the Gazette Notification, please indicate the town in words which you intend to sit the orresponding town number in figure)				
Medium of languag	ge at the Examination				
Sinhala - 2					
Tamil - 3					
English - 4					
(Write appropriate	number in the box)				
(This option is not	allowed to change later)				
01. (a) Name in full (In English block capitals):					
(b) N	(b) Name with initials (Initials be written after the names):				
(i	n English block capitals) (EX. GUNAWARDHANA, M.G.B.S.K.)				
(c) N	Tame in full (in Sinhala/ Tamil) :				
02. (a) P	ermanent Address (In English block capitals) (Admission Card will be sent to this address):				
(b) Pe	ermanent Address (in Sinhala/ Tamil) :				
03. Sex					
(Fei	male - 1, Male - 0 (Indicate the appropriate number in the box)				
`					
04. Nat	ional Identity Card No.:				
05. Tele	ephone No. Mobile				
	Fixed				

06. Marital Status :						
Unmarried - 1 (Indicate the appropriate number in the box)						
Married - 2						
07. Date of Birth:						
Year Month	Date					
08. Age as at the closing date of application (16.10.20	23)					
Years Months	Days					
09. Citizenship (by descent/ by registration):						
10. Physical measurement of the body						
Height Feet:						
Chest: Inches:						
11. Educational Qualifications						
G.C.E. (O/L)	G.C.E. (O/L)					
(i) Year of the Examination:	(i) Year of the Examination:					
(ii) Index No. :	(ii) Index No.:					
(iii) Examination results :	(iii) Examination results :					
Subject Grade	Subject Grade					

13.		If you have been convicted by a court of low for any offence, please indicate all information about such				
	14.	Payment of examination fee:				
		(i) Amount paid	:			
		(ii) Office at which the examina	ation fee was paid:			
		(iii) Date of payment	·			
		(iv) Receipt No.	:			
		(If would be advisable	Affix an edge of the receipt. e to keep a photo copy of the receipt in your safe custody)			
	15.	Certificate of the candidate :				
		my knowledge and belief and the proof of the payment of examination and regulations applicable to this at any before the examination or examination if it has been established of this examination. I doe further	culars furnished in this application are true and accurate to the best of that the receipt containing No			
		Date :				
			Signature of the Candidate			
	16.	Attestation of the applicant's sign	nature :- (Shall be as per 8.5 of the <i>Gazette</i> Notification)			
		is personally known to me and th	/ Miss			
			(Signature of the Officer attesting the signature of the candidate)			
17.		ate of the Head of the Department ic Service)	(This certificate is applicable only for the applicants already serving in			
		application is serving in this Depa that he/she has fulfilled the qualific	irs./ Miss			
			(Signature of the Head of the Department/ Institution)			
		Name: Designation: Address: Date: (Please place the Official				

12. Other Qualifications ::