Application form

(Only for Office Use)

Open Competitive Examination for the recruitment of Graduates to the Grade I (A) in Class 3 of Sri Lanka Teachers' Service for Tamil, Sinhala and English Medium Vacancies in Northern Provincial Schools – 2023 – Stage 02

(a)	*	Applicant must be completed the sections of a, b. c in this applicaiton
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Order of preference	Apply Subject	Subject number	Language for Exam (Tamil / Sinhala / English)
01			(c) Language medium selected
02			is to be the appointment language

(b)	Exam City	City No

(Exam city should be the para 13 o the advertilement)

(c)

Language me	edium for sit the o	exam:
Tamil	: T	
Sinhala	:S	
English	: E	

(The above box (a) should be completed by **selecting the subjects and their respective subject numbers** suitable to their qualifications. (Details are shown in **Annexure - 02**) This will not be allowed to be changed later. Candidates can apply for **only 02 subjects** based on their qualifications;)

01.	Name with initial of the appl In tamil:		•••••						
	In Englihs;; (Use Capital letters) :							
02 .	Name in full of the applicant: In Tamil:								
	In English;; (Use Capital letter	s) :							
03.	Postal Address:- (Admission	card will be pos	ted to this	address)					
	In Tamil:-		•••••						
	In English;; (Use Capital letter	s)							
					•••••				
04.	National Identity Card No:-								
05.	Telephone No:-								
06.	Email Address:								
07 .	Gender:- Male - Femalel -	0 1	(W	rite the rele	vant numbe	er, inside th	e cage)		
08.	Date of Birth:	Year:		Month:		Date :			
	Age as at 2023.11.13	Yeard:		Months:		Days:			
09 .	Nationality: Tamils	Sinhalese	Mus	limes	Oth	ers	(Note as 'X	(' in the suitable	le cage)

10.	(1) District of your Pern		•	•			
	(2) Divisional Secretariat Division:						
				10		••••	
	are you a differently-abled		Yes	No		(Note as 'X' in the su	itable cage)
	Category of Special need:						
12.	Educational Qualificati	ion:					
12.1	G.C.E (O/L)						
Year	:			Index:		·····	
No	Subject	Result	No	Subject	R	tesult	
1.			6.				
2.			7.				
3.4.			8. 9.				
5.			10.				
			10.				
	Higher Educational Qua						
(i)	Category of Degree:						
(ii) (iii)	Effective Date of Degree University / Institution of						
(iv)	Main Subjects:						
(v)	Degree followed language						
13.	Have you ever been cor						
	Yes No	\neg	(Note as '	X' in the suitable of	cage)		
If	ves, mention the details;						
14.	Details for the Receipt of (i) Name of the Div			ere the receipt is	obtained:		
	(ii) Number and Dat			-			
	(iii) Amount of Cash		_				
	Attached the receipt without fail (It may be useful to keep a copy of the receipt)						
15.	Declaration of the Cand	idates:					
(a) I	hereby declare that the a	bove details	given in f	his application a	re true and co	orrect, as per my kno	owledge. I agree to
cons	ider that if any losses hap were filled correctly.						
	know that, if this statem rstand that if I am found i						
	Further, I agree to all rule etary to the Provincial Pul					ode and for any dec	ision taken by the
(d)	Details mentioned in this	will not be c	hanged in	the future.			
	Date:					Signature of the A	pplicant

16. Attestation of the applicant's signature:
I hereby certify that Mr./Mrs./Misswho submits this application is known to me personally he/she placed his/her signature before me on, the examination fee has been paid and the receipt of paymen is attached herewith.
Signature of the officer attesting the signature
Full name of the officer attesting the signature
Post:
Address:
(Confirm with official stamp)
Date:
17. Attestation of the Head of the Department: (This section is applicable only to the applicant who is serving in Government Departments. Only the Head of the Department or a person authorized to sign on his behalf can sign this section)
I hereby forward the application of Mr./Mrs. /Miss working as a permanent employee in
this Department with the recommendation. If he/ she is selected for this post he/she can be released from the service
the lastyear of service and has received all the promotions and all the information given here by him/her is correct.
Signature of the Head of the Department or the Authorized Officer
Full name of the Head of the Department
Post:
Address: (Confirm with official stamp)

Date:....