

Note.- Copies of the above certificates will not be returned.

- (09) Applicants in the Public Service/Provincial Public Service and Statutory Institutions are required to send their applications through the respective Heads of Departments.
- (10) Applicants are required to present themselves for a written test and an interview to be held at a venue stipulated by the Government Analyst's Department, at their own expense.
- (11) You are bound to serve in any part of the Island in which you are called upon to serve, as and when required.
- (12) If the particulars given in the application are found to be false or incorrect before selection, the applicant will be disqualified. If such detection is made after the appointment he/she will be dismissed from service without any compensation.
- (13) Reference is invited to the general conditions and qualifications applicable to posts in the Public Service, published in Part I : Section II (A) of the *Gazette* of the Democratic Socialist Republic of Sri Lanka.
- (14) Matters not covered by these conditions will be determined by the Government Analyst.

E. G. SOMAPALA,
Government Analyst.

Government Analyst's Department,
Independent Square,
Colombo 7,
08th July, 2005.

SPECIMEN APPLICATION

GOVERNMENT ANALYST'S DEPARTMENT

Post of Laboratory Assistant

Sri Lanka Technical Service, Class II 'B'

- (1) (a) Full Name: _____,
(b) Name with initials: _____,
- (2) (a) Address: _____,
(b) Permanent Address: _____,
- (3) District of Residence: _____,
- (4) Divisional Secretary's Division .
- (5) Sex: _____,
- (6) Date of Birth.— (a copy of the birth certificate should be attached).
(a) Year: _____, Month: _____, Date: _____,
(b) Place of Birth: _____,
(c) Age as at 22.08.2005: _____,
- (7) National Identity Card No.: _____,

(8) Are you a Sri Lankan ? Yes/No

Nationality

Sinhalese

Muslim

other

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Sri Lankan Tamil

Burgher

Indian Tamil

Malay

(09) Educational Qualifications (Copies of certificates should be attached).

G.C.E. Ordinary Level Examination :

Year: _____,

Index No: _____,

<i>Subjects</i>	<i>Grade</i>	<i>Subjects</i>	<i>Grade</i>
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Distinctions: _____,

Credits: _____,

Ordinary Passes: _____,

Total: _____,

G.C.E. Advanced Level Examination :

Year: _____,

Index No: _____,

<i>Subjects</i>	<i>Grade</i>
1.	
2.	
3.	
4.	

Distinctions: _____,

Credits: _____,

Ordinary Passes.—

Total.—

10. Technical qualifications obtained from an institution approved by the Ministry of Higher Education and referred to in the Gazette No. 915/18 dated 22.08.1996, of the Democratic Socialist Republic of Sri Lanka.

11. Service experience in the relevant field.—

	<i>Institution</i>	<i>Post</i>	<i>Period of service</i>
1.			
2.			

12. If previously employed in any Government Department or Public Corporation give cause of vacating/leaving/termination or dismissal from employment .—

13. Details of your present employment if any.—

- (a) Post.—
- (b) Institution.—
- (c) Date of Appointment.—
- (d) Nature of appointment.—
- (e) If you are already in public service, is your work satisfactory ?

14. Have you even been convicted by a Court of Law, if so give particulars of the offence and the punishment imposed .—

15. Names, designations and addresses of three persons from whom character certificates have been furnished.—

16. I do hereby certify that the particulars furnished by me in this application are true and accurate. I am also aware that, if any particulars contained herein are found to be false or incorrect, I am liable to be disqualified before selection or to be dismissed without any compensation if such detection is made after appointment.

_____,
Signature of Applicant.

Date: _____,

Recommendation of the head of Department/Corporation

I declare that Mr./Mrs./Miss.....is serving in this Department/Corporation, that his/her work and conduct are satisfactory, that he/she satisfies the qualifications referred to in the relevant advertisement for this post, and that he/she can be released/ cannot be released from service if selected for this post.

Signature of Head of Department/Coporation/Authorized

Officer.

(Official Stamp)

Name: _____,

Designation: _____,

Address: _____,

Date: _____,