

N. B. :- (1) Officers should get minimum of 35% marks for I and II subjects to pass this examination.

(2) Minimum of 40% marks should be obtained to pass from subject (iii).

(3) Candidates should bring typewriters for the examination.

13. The decision of the Director General of Combined Services will be final regarding any matter not provided for in these regulations.

S. C. MANNAPPERUMA,
Secretary,
Ministry of Public Administration
and Home Affairs.

Ministry of Public Administration
and Home Affairs,
Independence Square,
Colombo 07,
03rd May, 2004.

EFFICIENCY BAR EXAMINATION FOR OFFICERS IN CLASS II SEGMENT 'A' OF THE GENERAL CLERICAL SERVICE
AND RECOMMENDED OTHER SERVICES/SHROFFS SERVICE/BOOK KEEPERS SERVICE/ STORE KEEPERS SERVICE/
TYPISTS SERVICE AND GRADE II OF THE STENOGRAPHERS' SERVICE OF THE PUBLIC SERVICE - 2004

Service Belonging to

(Indicate 1 in Central Government Service or
2 if Provincial Public Service.)

Index No.

(For Office use Only)

Town	Town No.
1.	
2.	

(Indicate the name and the number of the
town, you wish to sit for the examination
as per *Gazette* Notification)

Medium of Examination

Write the relevant letter in the cage
(Sinhala - S, Tamil- T, English - E)

1.0 1.1 Name with initials : Mr./Miss/Mrs. : _____.

(In Capital Letters)

1.2 Name with initials : _____.

(In Sinhala/Tamil)

1.3 Names denoted by initials : _____.

(in Capital Letters)

1.4 Names denoted by initials : _____.

(In Sinhala/Tamil)

1.5 National Identity Card No. : _____.

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2.0 Place of work and address :

2.1 Name of the Office/Department/Institute : _____.

(In English Capital Letters)

2.2 Name of the Office/Department/Institute : _____.

(In Sinhala/Tamil)

3.0 Present Post :

3.1 Post : _____.

3.2 Number of the letter of appointment : _____.

4.0 The Service for which you belongs :

4.1 Indicate the letter of the relevant Service in the cage

A - General Clerical Service

B - Shroffs' Service

C - Book Keepers' Service

D - Store Keepers' Service

E - Typists' Service

F - Stenographers' Service

G - Railway Clerical Service

H - Postal Clerical Service

I - Health Clerical Service

4.2 Date of entry to class II Segment A of your Service : _____.

5.0 Subjects you offer : _____.

Serial No.	Subject	Subject No.
01.		
02.		
03.		

6.0 Are you and old entrant or new entrant for purpose of official language policy ?

6.1 Have you passed at least one subject of the following at an earlier examination ? Accounts System/ Sinhala (A), (B)/ Lower Sinhala (A), (B) Tamil (A), (B)/Lower Tamil (A), (B)/Office Systems and Work Procedures/Shroffs Systems and Official Procedures/General Financial knowledge./ Office Corresponding for Typists/Typing of Official Letters/ Stenography and Typing for Stenographers or Sinhala/Tamil/Storekeeping I or Store Keeping II. If So, state Index No. Subject, Examination/Department and the date of Examination. : _____.

6.2 In case of Stenographers' Service, have you sat earlier the Efficiency Bar Examination (I and II) for which you have been qualified to sit now. : _____.

7.0 If you have been exempted from Sinhala/Tamil subject as per provisions in Treasury Circular Letters No. A 311 of No. (G) 98 dated 07.12.1965 and 09.09.1964, please indicate the reference number of Treasury Letters or Public Administration Letters : _____.

8.0 8.1 Are you sitting the examination for the first time ? : _____.

8.2 If not, the values of stamps affixed : _____.

8.3 Stamp Cage : _____.

Stamps to the value of Rs. 90/- for whole Examination and Rs. 50/- for each subject.

Note:- The candidates should affix stamps to the relevant value and cancel them placing their signature and date. Stamps should not overlap each other.

I declare that the above particulars are true and that I am eligible to appear for the examination in the language medium indicated in above. I also certify that the stamps affixed here to are genuine and have not been used before. I agree to abide by the regulations for this examination.

Signature of candidate.

Date : _____.

Note :- The candidate should sign in the presence of the Head of his/her Department/Institution or an officer authorized to sign on behalf of such Head of Department.

Attestation of the signature

I certify that who is an officer in my office and who is known to me personally placed his/her signature in my presence this day of

_____,
Signature of Person attesting.

Name : _____.

Designation : _____.

Address : _____.

Date : _____.

Certificate of the Head of the Department

I certify that,

- (i) The particulars furnished by the candidate have been examined ;
- (ii) The officer has appeared/not appeared for the examination earlier ;
- (iii) He/she has affixed stamps to the value of Rs. since he/she has appeared for the examination and ;
- (iv) the candidate is eligible to sit the examination.

_____,
Head of the Department.

Name : _____.

Designation : _____.

Address : _____.

Date : _____.

* (Delete words not applicable)

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