

(For office use only)

**The Limited Competitive Examination for the Recruitment to the Posts of
 officer – in – Charge in Vocational Training Centers/ Care Centers/ Houses of Detention
 under the Department of Social Services - 2024**

Medium

Sinhala - 2

Tamil - 3

(Please write the relevant number in the box)
 (The application should be completed in the medium of
 language you wish to appear for the examination)

1.0 Personal Information

1.1 Name in Full :
 (In block letters)
 ex : (HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDENA)

1.2 Name with last name at the beginning and initials of other names at the end :
(In block letters)
ex : (GUNAWARDENA, H.M.S.K)

1.3 Name in Full :
(In Sinhala/Tamil)

1.4 Official Address (In block letters) :
(the admission is posted to this Address)

1.5 Official Address :
(in Sinhala/Tamil)

1.6 Sex : Male - 0 Female- 1
(write relevant number in the cage)

1.7 National Identity Card No. :

1.8 Marital Status : Unmarried - 1 Married - 2
(write relevant number in the cage)

1.9 Nationality : (Sinhala -1, Tamil -2 , Indian Tamil - 3 , Muslim - 4, Others - 5)
(write relevant number in the cage)

1.10 Date of Birth : Birth Year Month Date

1.11 Telephone Number :

2.0

(i) Educational Qualifications and Experience

Educational Qualifications whether with the Degree / without Degree :

Date on which the degree was obtained:

University / Institution (Name) :

Registration Number :

External / Internal :

Subjects studied :.....

Class :

Upper/Lower :

Valid date for the Degree:

The medium of language you appeared for the examinations :.....

3.0 Experience :

(i) Date of appointment to the post of Social Services Officer :

- (ii) Date on which you have been confirmed in the post :
- (iii) The Grade in which you are serving at present :
- (iv) Date of appointment / promotion to the said Grade :
- (v) Period of service from the said appointment of Social Services Officer Grade I/II to the date of 21.02.2025 :

Affix the receipt properly here.

4.0 Declaration of the applicant :

I have completed the active and satisfactory service period as at in accordance with the Chapter 04 b of the *Gazette Notification*, and during the said period I have not been subjected to any disciplinary punishment pursuant to provisions as stipulated in Public Service Commission Circular No. 01/2020. Further, I adhere to the decision taken in connection with the holding of the examination and releasing of results by the Director General of the Sri Lanka Institute of Development Administration.

In terms of the rules and regulations of the *gazette* notification, I am qualified to appear for the examination, Moreover, I do hereby certify that the information furnished by me are true and accurate to the best of my knowledge and belief and I declare that I have affixed the invoice No dated to the given areas of the application after paying the examination fee. In addition, I agree to abide by all the rules and regulations applicable to this examination. I further agree that my candidature is liable to cancelled before, during or after the examination if it is found that I am ineligible in terms of the Service Minute which carries provisions on this examination.

.....
Date

.....
Signature of the Applicant

5.0 Certification of the Head of the Department: (As per the personal file of the Applicant)

This is to certify Mr./Mrs./Miss submitting this application is serving in the post of Social Services Officer and during the said period he/she has not been subjected to any disciplinary punishment pursuant to provisions as stipulated in Public Service Commission Circular No. 01/2020. and in accordance with the Chapter 04 b of the *Gazette Notification*, he/she has completed the active and satisfactory service period of (five years/ten years) and in accordance with the regulations mentioned in the *gazette* notification, he/she has obtained the qualifications to appear for the examinations and has pasted the invoice after paying the precise examination fee. Moreover, I certify that he/she put her signature before me.

.....
Signature of the Head of the Department.

Name :
Designation :
Date :
Official Stamp :

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