## APPLICATION FORM

## Open competitive examination for recruitment to posts of survey field assistant in primary semi-skilled service category which remain vacant in Survey Department of Sri Lanka - 2025

Medium of the examination Sinhala - 1 Tamil - 2 English - 3 (Write the relevant number in the cage)	For office use only
1.0 1.1 Name with initials (In capital letters, with initials at the end) Eg.Perera A.B.C.	
1.2 Full Name: (In English capital letters):	
1.3 Full Name: (In Sinhala/Tamil):	
1.4 National Identity Card No:	
1.5 Date of Birth:	
Date : Month : Year :	
1.6 Age as at the closing date of application	
Years : Months : Dates :	
1.7 Gender (Male – M/ Female – F)  1.8 Civil status Married Unmarried  2.0 Permanent Address	
2.1 In English capital letters:	
2.1 In English capital feders	
2.2 In Sinhala/Tamil:	
2.3 Address that admission should be sent:	
3.0 3.1 Administrative district to which the address belongs (See the schedule 1)	
District No: Name of the district	
3.2 Since when the applicant has been residing in the district?	
4.0 Telephone No. :	
Permanent: Mobile:	
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		Index No:	
Subject	Grade	Subject	Grade
1		5	
2		6	
3 4		7 8	
5.2 2 <sup>nd</sup> attempt Year and month of the exan Subject passed		Index No:	
Subject	Grade	Subject	Grade
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Date

a) I declare that the particulars furnished by me in this application are true and correct to the best of my knowledge; b) I am aware that if this declaration made by me is found to be wrong, I would be considered unfit for the appointment and if it is found after the appointment, I would be liable to dismissal from the service; c) The cash receipt obtained for the payment of ...... has been pasted in relevant place; d) Further, I declare that I agree to comply with the rules and regulations laid down by the Surveyor General in respect of the examination; e) I shall not subsequently change any of the particulars mention here. Signature of the Applicant Date 11.0 Certification of Signature of the Applicant I certify that Mr/Mrs/Miss......who is submitting this application is personally known to me and that he/she placed his /her signature under the section 10.0, in my presence. ..... Date Signature of Attester Name of the attester . Designation . Address :.... (By affixing the official stamp) 12.0 Recommendation of the Head of the Department (Only for the applicant who are in public/provincial public service). 12.1 According to the personal file of the officer, during the five years immediately prior to the closing date of application "Work, Behavior, Attendance satisfactory /Unsatisfactory,/all salary increments have been earned / have not been earned has not been / has been subject to any disciplinary action. 12.2 If selected to the post applied for, this officer can be / cannot be released from the post he holds at present. Application is recommended/ is not recommended.

Signature of the Head of the department

official stamp.