Specimen Application Form

The Recruitment to the Posts of the Technician of the Department of Measurement Units, Standards and Services- 2025

| For Official Purpose | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------|-------|----|---|-----|----|--|--|--|--|--|--|
| Medium of language appearing for the examination: Sinhala-02 Tamil-03 English-04 | | | | | | | | | | | | | |
| 1. | Name with initials in block letters Example - BANDARA. A. B. | | | | | | | | | | | | |
| 2. | 2. Name indicated by initials in block letters | | | | | | | | | | | | |
| 3. | 3. Full Name (In Sinhala/ Tamil) | | | | | | | | | | | | |
| 4. | Permanent Address in English block letters (Letter of admission will be posted to this address.) | | | | | | | | | | | | |
| 5. | 5. Gender (Male - 1, Female - 2) Write the relevant number in the box. | | | | | | | | | | | | |
| 6. | 6. Married/Unmarried (Married -1, Unmarried -2, Other - 3) Write the relevant number in the box. | | | | | | | | | | | | |
| 7. | 7. Ethnicity (Sinhala-1, Tamil -2, Indian Tamil-3, Muslim -4, Other -5) Write the relevant number in the box. | | | | | | | | | | | | |
| 8. | National Identity Card | Number : | | | | | | | | | | | |
| 9. | Telephone Number: | | | | ' | | | | | | | | |
| | M | obile: | | | | | | | | | | | |
| | Fi | xed: | | | | | | | | | | | |
| 10. (a) Date of Birth | | | | | | | | | | | | | |
| Year : Month : Day : | | | | | | | | | | | | | |
| (b) Age as at the deadline of calling applications - (21.10.2025) | | | | | | | | | | | | | |
| | Years: | | Month | s: | | Day | s: | | | | | | |

| | | Professional Quali | | S | | | | | | |
|------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|
| | | (O/L) Examination passing the examin | | | | Ca | andidate N | No | | |
| | | Subject | Gr | ade obtained | | Subject | (| Grade obtained |] | |
| | 1. | | | | 6. | | | | | |
| | 2. | | | | 7. | | | | | |
| | 3. | | - | | 8. | | | | - | |
| | 4. 5. | | | | 9. 10. | | | | - | |
| 11.2 | | lucational/ Profess | ional Q | ualifications | 10. | | | | _ | |
| | Examination | | | | Dat | e | | Institution | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 11.3 | National | l Vocational Qualif | ication | Level (NVQ Le | evel) a | achieved | | D . 6 1. | CHIO | |
| | Course Studied | | | Institution | | NVQ Level aci | hieved | Date of completion of NVQ course (date on which certificate becomes valid) | | |
| discip | applicat you held plinary in | ion.) d a government porvestigations been | sition ar | nd been dismiss ted against you | ed fro | om it? (If so, prov | ride detail rvice)? | ons should be attacts.) Or have any dep | partmental | |
| 13. Have | you bee | n convicted by a co | ourt of l | aw of any charg | ge? | | | | | |
| I dec not q taker detai dism | lare that qualified h before, ls contain | to act in accordance during or after the ned herein are four | ven here ce with c profess nd to be any con | ein is true to the the recruitment sional examinat incorrect or fal appensation and | best rules ion to lse ev I shal | of my knowledge and conditions o cancel my candi en after my appo l be subject to the | f this recridature. I intment to | ef and that if it is foruitment, I agree to further declare that this post, I shall be regulations made | any decision if any of the e liable to be | |
| | Date | | | | | | | Applicant's Signatu | - | |

| 15. Attestation | ion of Applicant's Signature - | | | | | | | | |
|--------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|--|--|--|--|--|--|
| | by certify that Mr./ Mrs./Msy known by me and his/ her signature wa | | _ | | | | | | |
| | | | ature and the Official Frank | | | | | | |
| Certifier's Nar | me : | | | | | | | | |
| Designation | : | | | | | | | | |
| Address | <u>:</u> | | | | | | | | |
| Date | : | | | | | | | | |
| | tion of the Head of the Department: - ble only to those already employed in the | e public service.) | | | | | | | |
| in the pos action per | that Mr./Mrs./Miss, st of, that his nding, and that no action is proposed to be for this post. | s/her work and conduct are satisfactors | ory, that there is no disciplinary | | | | | | |
| | | Head of the Department's Si | ignature and Official Frank. | | | | | | |
| Date : | | | | | | | | | |