

09. Educational Qualifications

I. General Certificate of Education (Ordinary Level) Examination

1st Attempt

Year.....Index No.

Subject	Grade

2nd Attempt

Year.....Index No.

Subject	Grade

10. General Certificate of Education (Advanced Level) Examination

Year..... Index No.

Subject	Grade

11. Other Educational Qualifications 12. Professional Qualifications

.....
 I. Present position and Grade..... II. Date of appointment to the post.....
 III. Date of Confirmation.....
 IV. Period of active service as at.....

IV. Period of active service as at.....
 V.Satisfactory service of immediately preceding five (05) years.....

Year	Have/have not earned salary increments	Details on disciplinary action/no-pay leave	Signature of A.O/C.C as to accuracy
2018			
2019			
2020			
2021			
2022			

13. Other Qualifications

- I. Date of passing the Tree Identification Test.....
- II. Date of passing the Examination on Forestry Law.....
- III. Year the training at the Sri Lanka Forestry Institute was completed.....

- 14. I. The post office at which the examination fee was paid.....
- II. Number and date of the receipt.....

Affix the receipt here

15. I. Have you ever been convicted of any offence by a Court of Law? Yes/No
II.If yes, explain.....

16. Declaration of the Applicant:

I do hereby certify that the particulars furnished by me in this application are true and correct. I am aware that if any particular given in the application is found to be false or incorrect prior to my selection, my application is liable to be disqualified and if it is found after the appointment, I am liable to be dismissed without any compensation. Further, I hereby declare that I will be subject to the rules and regulations imposed by the Commissioner General of Examinations on conducting the examination and issuing results.

Date-

.....
Signature of the Applicant
(Should place the signature before the Attestor)

17. Attestment of the Applicant:

I do hereby certify that the applicant, Mr/Mrs/Miss..... is known to me personally, that he/she placed his/her signature before me onand that the prescribed examination fee is paid and the receipt is affixed.

.....
Signature of the Attestor

Name of the Attestor:
Designation:
Address:
Date:
(Place the rubber stamp)

18. The following should be completed by the Head of Institution/ Department of the Applicant.

I hereby certify that the applicant, Mr/Mrs/Miss..... holds a temporary/permanent position and the particulars furnished by him/her are true and correct according to the officer's personal file and other relevant documents. It is hereby informed that he/she can/cannot be released from his/her present position, if he/she is selected for the above post.

.....
Signature of Head of Department or an Officer authorized by him

Name
Designation
(place the rubber stamp)
Date

N.B. –No other document or a copy thereof should be attached with the application other than the receipt obtained after payment.

Schedule- I

Towns and the numbers assigned to the towns in which the Examination Centres are to be established.

Town	No. assigned to the Town
Colombo	01
Kotte	02
Nugegoda	03
Maharagama	04
Homagama	05
Avissawella	06
Moratuwa	07
Piliyandala	08
Dehiwala	09
Kaduwela	10