



PARLIAMENT OF SRI LANKA  
**Specimen Application Form**

**Post of .....**

1. (a) Name with initials (in Sinhala) : .....  
(b) Names denoted by initials (in Sinhala) : .....  
(c) Full Name (in block Capitals) : (Mr/Mrs/Miss) .....  
.....

2. National Identity Card Number : 

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3. (a) (i) Private Address : .....  
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.....

(ii) E-mail Address : .....

(iii) Telephone No : 

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(iv) Whatsapp No : 

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- (b) (i) Official Address : .....  
.....  
.....

(ii) Official Telephone No : 

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- (c) Please indicate the address to which the admission should be posted.

Private ☐ Office ☐

4. (a) Date of Birth : Year ..... Month..... Date .....  
(A copy of the birth certificate should be attached)

(b) Age as at closing date of applications : Years ..... Months ..... Days.....

5. Civil Status (Married/Unmarried) : .....

6. Gender (Male/Female) : .....

7. State whether a citizen of Sri Lanka : (Yes/ No)

8. Educational Qualifications: (*Copies of the certificates should be attached*)

Degree	University	Effective Date

Examination	Subject	Pass	Year
G.C.E. (A/L)			
G.C.E. (O/L)	Sinhala/Tamil		
	Maths		
	English		

9. Professional Qualifications (*Copies of the certificates should be attached*):

Course	Institution	Duration	Effective date

10. Other Qualifications (*Copies of the certificates should be attached*)

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11. Experience (*Copies of the Certificates should be attached*)

Institution	Post	Service Period

12. Details of Present Employment (*Copies of the Certificates should be attached*)

- (a) Name and address of the Institution : .....  
.....  
.....  
(b) Date of First Appointment : .....  
(c) Present Post : .....  
(d) Monthly basic salary : .....  
(e) Allowances : .....  
(f) Gross Salary : .....

13. Have you been convicted for a criminal offence by a Court of Law? ( Yes / No)

If yes, give details : .....  
.....

14. Have you served under the Government before? ( Yes / No )

If yes, give details : .....  
.....

*I do hereby certify that all the particulars furnished by me in this application are true and correct. I am also aware that, I am liable to be disqualified for this post if any particulars contained herein are found to be false or incorrect before selection, or to be dismissed without any compensation if such detection is made after the appointment.*

Date : .....  
Signature of the Applicant

Certification of Head of Department/Institution

**(Only for applicants serving in the Public Service/Provincial Public Service)**

Secretary - General of Parliament,

I recommend and forward the application of Mr / Mrs /Miss ..... holding the post of ..... in this Institution. I certify that he/she has been confirmed/ not confirmed in this post and his/her work and conduct are satisfactory and that he/she has not been subjected to any disciplinary action or there is no intention to make such inquiry. He/she can be released/cannot be released from the service permanently/ temporarily if selected for this post.  
**(Please strike through the irrelevant words.)**

Date : .....  
Signature of Head of Department/Institution  
(Official Stamp)