

SPECIMEN APPLICATION FORM
LIMITED COMPETITIVE EXAMINATION FOR RECRUITMENT TO POST OF
INSPECTOR OF EXCISE IN EXCISE DEPARTMENT OF SRI LANKA - 2018 (2019)

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(for office use only)

1. (i) Medium in which you sit this examination

Sinhala- 2
Tamil - 3

(Write the relevant Number inside the box)

2. (i) Name in Full (in Block Letters):

Eg: HERATH MUDIYANSELAGE
SAMAN KUMARA GUNAWARDHANA

(ii) Name with Initials at the end :
(in Block Letters)
(Eg. GUNAWARDHANA, H.M.S.K)

(iii) Name in Full :
(in Sinhala/ Tamil)

3. (i) Address to which the admission card should be sent:
(in Block Letters)

(ii) Permanent Address (in Sinhala/ Tamil) :

(iii) Official Address (in Sinhala/ Tamil) :

(iv) Electronic Mail Address :

4. Gender:

Male - 0
Female - 1

(Write the relevant Number inside the box)

5. National Identity Card No. :

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6. Telephone Number (Mobile) :

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Telephone Number (Official) :

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7. (i) Date of Birth:

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 Year

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 Month

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 Date

(ii) Age as at the closing date:

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 Years

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 Months

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 Days

8. (i) Date of Appointment to the Post of Excise Sergeant :
- (ii) Date of Confirmation in the Post :
- (iii) Service Station :
- (iv) Period of Service as at 30.08.2019 : years Months Days
- (v) Nearest Excise Station :

9. Have you ever been convicted of any offence in the Court of Law? If yes, give details:

.....

10. Name of the Institute to which examination fee was paid:

Receipt No.:

Paste the receipt securely.

11. Applicant's Declaration:

I do hereby declare that I have earned all the increments within the preceding period of five/six years to 30.08.2019 and I have not been subject to any disciplinary punishment (except advice). I declare that I am eligible to sit the limited examination and the particulars given by me in the application are true and correct to best of my knowledge and belief and that I have paid the prescribed examination fee and pasted the Receipt No.....and dated I hereby agree to abide by the rules and regulations of the examination and I am aware that my candidature shall be cancelled before or at the time or after the examination if I am deemed to be ineligible as per the Scheme of Recruitment related to this Examination. Furthermore, I agree to be bound by rules and regulations of the Commissioner General of Examination regarding the conduct of the examination.

Date:

.....
Signature of Applicant

12. Certification of the Assistant Commissioner of Excise:

I certify that the Applicant, Mr./Mrs./Miss..... is employed in this institute since.....and that he/she has paid the due examination fee and has attached the paid receipt and that he/she placed his/her signature in my presence.

.....
Assistant Commissioner of Excise
(Place the Official Stamp.)

Date: