

OPEN COMPETITIVE EXAMINATION FOR RECRUITMENT TO THE POSTS OF ASSISTANT SUPERINTENDENT OF CUSTOMS, GRADE II DEPARTMENT OF SRI LANKA CUSTOMS – 2018

Medium in which you sit this examination :

(for office use only)

Sinhala – 2

Tamil – 3

English – 4

(Write the relevant number inside the box)

01. Name of the applicant:

1.1 Name in Full (in Block Letters) :

.....
eg . HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.2 Name with initials at the end :

eg . GUNAWARDHANA, H.M.S.K)

1.3 Name in Full (in Sinhala/ Tamil) :

02. Permanent residential address: (in Block Letters) :

Address to which the admission card should be sent :

03. Particulars of the National Identity Card :

3.1 Number of the Identity Card :

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3.2 Date of issue:

04. Sex:

Male – 0

Female – 1

(Write the relevant number inside the box)

05. (a) Date of Birth : Year : Month : Date :

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(b) Age on the closing date of application : Years : Months : Dates :

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06. State whether you are a citizen of Sri Lanka :

By descent – 1

By registration – 2

(Write the relevant number inside the box)

7. Ethnicity:
 Sinhalese – 1 Ceylon Tamil – 2
 Indian Tamil – 3 Muslim – 4
 Burgher – 5 Other – 6

(Write the relevant number inside the box)

08. Mobile Telephone Number :

09. Physical requirements:

(i) Height :..... Feet :..... Inches :.....
 (ii) Chest (when expanded) :..... Inches.....
 (only for male candidate)

10. Have you ever been convicted of any offence in the Court of Law ? (Yes/No) :..... If yes, give details :.....

11. Educational Qualifications:

Name of the University	Degree	Class of the Degree	Year	Subjects

I. Highest qualification in English Language at the examination of General Certificate of Education (Ordinary Level)
 Year :.....

Index No :.....

II. Highest qualification in English Language at the examination of General Certificate of Education (Advanced Level)
 Year :.....

Index No :.....

12. Examination Fee (Receipt to be attached) :

- I. Name of the Post office /Sub Post office :.....
- ii. Amount Paid : Rs. :.....
- iii. Date of payment :.....
- iv. Receipt No. :.....

(Paste the receipt here securely)
(It would be advisable to keep a photocopy with the candidate)

(These particular should be given compulsorily).

13. Applicant's Declaration/Certification :

I do hereby state that the particulars given by me in the application are true and correct. I am aware that if any particulars contained herein are found to be false or incorrect before selection, I am subject to be disqualified or dismissal from the service without any compensation if it is revealed after selection. Furthermore, I agree to abide by rules and regulations of the Commissioner General of Examinations regarding the conducting of the examination.

Date :

.....
Signature of Applicant.

14. Attestation of Applicant's signature (Delete whichever inapplicable) :

I Certify that Mr./Mrs./Miss. who is submitting this application is personally known to me and that he/she placed his/her signature in my presence on thisday of2017. I also certify that he/she has paid the due examination fee and has attached the paid receipt.

Signature of Attester :.....

Full Name of Attester :.....

Designation :.....

Address :.....

Date :.....

Note: The attestation should be made by a person referred to in paragraph 7(V) of Gazette Notification.

15. I Certify that Mr./Mrs./Miss. who is submitting this application is an employee of this Ministry/ Department/ Board/ Corporation. In the event of his/her selection for the above post he/she can be released.

.....
Signature of the Head of the Department

Date :.....

Name of the Head of the Department :.....

Designation :.....

Address of the Department :.....



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