OPEN COMPETITIVE EXAMINATION FOR RECRUITMENT TO GRADE III OF SRI LANKA GOVERNMENT LIBRARIANS' SERVICE - 2019(2020)

Language Medium of Examination: Sinhala - 2 Tamil - 3 English - 4 (Indicate the correct number in the cage)	(For office use only)
1.0 1.1 Name in full (In English block Capitals):	
1.2 Name in full (In Sinhala/Tamil) :	
1.3 Name with initials (In Sinhala/Tamil) :	
2.0 2.1 Permanent Address (In English block capitals) :	
2.2 Permanent Address (In Sinhala/Tamil) :	
2.3 Address to which the admission card should be sent (In English block capitals):	
3.0 3.1 Sex : Female - 1 Male - 0 (Indicate relevant number in the cage)	
3.2 National Identity Card No. :	
3.3 Mobile Phone Number :	
3.4 Date of birth: Date:	
3.5 Age as at 24.08.2020 : Years : Days : Days :	

III Results :	T	C 1 · ·	C 1
Subject	Grade	Subject	Grade
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
1. 2. 3.	Subject	Gi	rade
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4. 4.3 Particular by the		hree-year di	ploma/ ne examina
4. 4.3 Particula by the tion: I. Name of the state of t	applicant ne Universit Degree: ive date of	to sit for the y/Institute:———————————————————————————————————	a/Degree

4.0 Educational qualifications:

8.0 Applicant's Certificate:

- I. I solemnly declare that particulars furnished by me in this application are true and accurate to the best of my knowledge. I agree to suffer any loss that may cause as a result of incompleteness of sections and/or provision of erroneous information. I also state that all sections herein have been correctly filled.
- II. I am aware that if any particulars contained herein are found to be false, I am liable to disqualification before appointment and to dismissal from service if the inaccuracy is detected after appointment.
- III. I hereby agree to abide by all the conditions imposed by the Commissioner General of Examinations for the purpose of holding this examination.
- IV. I shall not change any information mentioned herein subsequently.

Date :	Signature of Applicant.
9.0 Attestation of Applicant's Signature :	
I hereby certify that Mr./Mrs./Miss	
	o me personally and that he/she placed his/her signature in my presence eer has paid the prescribed examination fee and pasted the receipt on the
Date :	Signature of the Officer attesting the signature.
Name in full of the Officer, attesting the Sig	gnature :
Designation:	
Address:	 ;
(To be affirmed by official stamp)	
10.0 Recommendation of the Head of Departure (This part is strictly applicable to the Service at present)	
I hereby certify that Mr./Mrs./Miss	
who is submitting this application, is servi	ng in a permanent post at this Department, he/she has satisfied the qualifica- xamination notification and it is possible to release him/her from the post
Date :	Signature of the Head of the Department.
Name:	
	 .
Address:	 ,
(To be affirmed by the official stamp)	