Specimen Application

ආගමන හා විගමන දෙපාර්තමේන්තුවේ කළමනාකරණ සහකාර තාක්ෂණික නොවන ඛණ්ඩ 02සේවා ගණයේ මෙහෙයුම් සහකාර III ශ්‍රේණියේ නිලධාරීන් සඳහා වන I වන කාර්යක්ෂමතා කඩඉම් විභාගය - 2026

First Efficiency Bar Examination for Operations Assistants (Grade III) in the Management Assistants Non-Technical - Segment 2 Category of Service in the Department of Immigration and Emigration - 2026

(For office use)

Medium of Language for sitting the examination:
Sinhala - 2
Tamil - 3
English - 4
(Write the relevant number in the cage.)

01. 1.1 Name in Full (in English Block Capitals):
.....
(Eg.: HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.2 Name with last name first, followed by initials of other names (In English Block Capitals):
.....
(Eg.: GUNAWARDHANA H.M.S.K)

1.3 Name in Full:
....
(Sinhala / Tamil)

02. 2.1 Name and Address of Office / Department / Institution:
……
(In English Block Capitals)
(Admission cards will be posted to this address.)

2.2 Name and address of the office / Department /Institution:
……...
(In Sinhala / Tamil)

2.3 Private Address:
……..
(In Sinhala / Tamil)

03. Gender :
Male - 0
Female - 1
(Write the relevant number in the cage.)

04. National Identity Card Number

05. Mobile Phone number

06. Phone Number (Residential)

07. Email Address:

08. Subject / Subjects you sit for the examination in this sitting:

Subject	Subject No.

09. Date of birth :

Year | Month | Date

10. Present Post:
10.1 Post: .....
10.2 Appointment letter No.: .....

11. 11.1 Are you sitting the examination for the first time? .....
11.3 If this is not the first time you are sitting for the examination, the examination fee paid: .....
11.3 Receipt Number: .....
11.4 Date:.....

The receipt may be affixed here. (If applicable only)
(It will be useful to keep a photocopy of the receipt.)

12. I hereby declare that the particulars furnished above are true and correct, and that I am entitled to sit the examination in the language medium mentioned above. I further confirm that I have affixed the receipt obtained after paying the examination fee of Rs. ..... and that I agree to abide by the rules and regulations stipulated by the Director General of the Sri Lanka Institute of Development Administration regarding the conduct of the examination **a**nd the issuance of results.

.....
Date: ..... Signature of the candidate

The applicant shall place his /her signature in the presence of the Head of the Department or an officer authorized to sign on behalf of the Head of the Department.

13. Attestation of Signature

I certify that Mr. / Mrs. / Miss .....is an Operations Assistant in this Department, and personally known to me, and placed his / her signature in my presence on …… , and the receipt obtained after paying the due examination fee has been affixed.

.....
Signature of the officer attesting the signature

Name : .....
Designation : .....
Address : .....
Date : .....
(Confirm with Official Seal)

14. Certification of the Head of the Department:
I certify that,
1. the particulars furnished above have been checked and
2. this officer is eligible to sit for this examination.

.....
Signature and the official seal of the Head of the Department