

## SPECIMEN APPLICATION FORM

**Open competitive examination for recruitment to the post of scientist (AR-1) Grade II in  
National Aquatic Resources Research & Development Agency (NARA)**

Please mention the relevant division according to the advertisement published in NARA web site.

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(S.P.— One candidate can apply only one division.)

Can be faced this examination only English medium.

01.

1.1 Name in Full;.....

(English Block capitals)

1.2. Name in Full;.....

(in Sinhala/Tamil)

02

2.1. Permanent Address;.....

(English Block capitals)

2.2. Address to send your admission;.....

(English Block capitals)

03.

### 3.1. Gender;

Female -1

11

Male -02

(Put the relevant no. in the box)

### 3.2.Date of Birth

Date

1	
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Month

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Year

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04.National Identity Card No;

[illegible]

05. Contact No.

## 05.1 Mobile ;

[illegible]

## 5.2 Residence;

[illegible]

06. Nationality; (Put the “√” in relevant box)

Sinhala		Indian Tamil	
Sri Lankan Tamil		Burger	
Muslim		Other	

07. Residence District;.....

Divisional Secretariat;.....

08. Mention the highest qualification of the Examination which you have obtained

Sinhala;.....

Tamil;.....

English;.....

09. Educational Qualifications

Details of the Degree

Degree	Institute	Class/Grade	Subjects	Effective Date

Other Educational Qualifications ;

Course	Institute	Subject Details

10. Other qualifications

.....  
.....

11. Present employment & Previous employments;

Institute	Designation	From	To	Monthly salary

12. Whether you have been convict of any criminal offence in a court of law? If “YES” indicate the particulars;;

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13. Details of Non-Related Referees;

Name	Address	Telephone Number

I declare that the information furnished by me in this application is true and accurate to the best of my knowledge. I am also aware that if any particulars contained herein are found to be false and inaccurate, I am liable for disqualification before appointment and dismissal from service without any compensation if the inaccuracy is detected after appointment. I am liable for all rules and conditions are relation to the Examinations by Commissioner General of Examination Department.

Date;.....

.....

Signature of the candidate

Attestation of the signature of the applicant;

I hereby 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.

Name;.....

.....

Designation;.....

Signature of the Attester

Address;.....

Date;.....

Who are already in Public/Local Government Service, should be completed following certification and forward the applications through the Head of the Institution.

Recommendation of the Head of the Department;

I hereby certify that Mr./Mrs./Miss.....who is submitting this application is serving in .....Ministry/Department/Institute in the post of ..... effective from..... he/she has/has not been made confirmed in his/her post and that he/she has not been subjected to any type of disciplinary punishments for any offence, I further declare that the particulars in this application are true and correct and necessary arrangements can be made to release him/her from the post held at present in this institution, if he/she is selected.

Name;.....

.....

Designation;.....

Signature of head of the Institution

Address;.....

Date;.....