



(for office use only)

OPEN COMPETITIVE EXAMINATION FOR RECRUITMENT TO THE POSTS OF INSPECTOR OF CUSTOMS, GRADE II OF SRI LANKA  
CUSTOMS DEPARTMENT -2017

Medium in which you sit this examination: Town selected and the Town Number (See the Schedule I)

Sinhala - 2  
Tamil - 3  
English - 4

(Write the relevant number inside the box)

	Town	Town Number
1		
2		

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Age on the closing date of application:

Years	Months	Days
<input type="text"/>	<input type="text"/>	<input type="text"/>



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 particulars 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 be bound by rules and regulations of the Commissioner General of Examination 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 this .....day of .....2017. 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.

Date :\_\_\_\_\_.

\_\_\_\_\_,  
Signature of the Head of the Department.  
(Official Stamp)

Date :\_\_\_\_\_.

Name of the Head of the Department :\_\_\_\_\_.

Designation :\_\_\_\_\_.

Address of the Department :\_\_\_\_\_.