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Open competitive examination for recruitment to the $\,$ posts of $\,$ inspector of customs, grade ii of Sri Lanka $\,$ customs department -2017

Sinhala -2 Tamil -3 English -4 (Write the relevant number inside the box) 01. Name of the applicant: (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: Address to which the admission card should be sent: (3.1 Number of the Identity Card: (Write the relevant number inside the box) 05. (a) Date of Birth: Year Month Date (b) Age on the closing date of application: Years Months Days	Medium in which you sit this examination: Town	n selected	and the Tow	n Number (See the Schee
Tamil - 3			Town	Town Number
(Write the relevant number inside the box) 1.1 Name of the applicant: (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): (2. Permanent residential address: (in Block Letters): Address to which the admission card should be sent: 3.1 Number of the National Identity Card: 3.1 Number of the Identity Card: (Write the relevant number inside the box) 05. (a) Date of Birth: Year Month Date (b) Age on the closing date of application:	522.538999999	1	10.111	101111111111111111111111111111111111111
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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: Address to which the admission card should be sent: 3.1 Number of the National Identity Card: 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 (b) Age on the closing date of application:	1.1 Name in Full (in Block Letters):	— .		
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(b) Age on the closing date of application:	05. (a) Date of Birth:			
	Year Month Date			
Years Months Days	(b) Age on the closing date of application:			
A STATE OF THE PROPERTY OF THE	Years Months Days			

06. State whether you are a citizen of Sri Lanka: By descent -1 By registration -2 (Write the relevant number inside the box)	
07. Ethnicity: Sinhalese – 1 Ceylon Tamil – 2 Indian Tamil – 3 Muslim – 4 Burgher – 5 Other – 6 (Write the relevant number inside the box)	
08. Telephone Number:	
09. Physical requirements: (i) Height: Feet: Inches (ii) Chest (when expanded): Inches. (only for male candidates)	
10. Have you ever been convicted of any offence in the Court of Law? (Yes/No):	
If yes, give details:———.	
11. Educational Qualifications:	
(i) General Certificate of Education (Advanced Level) in one sitting:	
Year of Examination:———. Index Number:———.	
Subjects Performance	
(ii) General Certificate of Education (Ordinary Level) :	
Subjects Performance Year Index Number	

(iii)	Have	you	obtained	a	simple	pass	for	English	Language at the General	Certificate of Education	(Ordinary Level) ?
	(Yes/I	No)									

12. Examination Fee (Receipt to be attached):(i) Name of the Post office /Sub Post office	o :
(ii) Amount Paid : Rs. :————.	<i>z</i>
(iii) Date of payment :	
(iv) Receipt No.:—.	
(Paste the receipt here securely) (It would be advisable to keep a photoco with the candidate)	ру
(These particulars should be given compulse	orily).
13. Applicant's Declaration/Certification:	
if any particulars contained herein are found to or dismissal from the service without any compens	by me in the application are true and correct. I am aware that be false or incorrect before selection, I am subject to be disqualified sation if it is revealed after selection. Furthermore, I agree to be oner General of Examination regarding the conducting of the
Date :	Signature of Applicant.
to me and that he/she placed his/her signature certify that he/ she has paid the due examinate	e in my presence on thisday of2017. I also tion 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 per-	son referred to in paragraph 7(V) of Gazette Notification.
	who is submitting this application is an employee of this on. In the event of his/her selection for the above post he/she
Date :	Signature of the Head of the Department. (Official Stamp)
Date :	
Name of the Head of the Department:	
Designation:———.	 .
Address of the Department :	