

MODEL APPLICATION FORM

For Office Use Only

DEPARTMENT OF GOVERNMENT FACTORY

Recruitment to Posts in the Primary Skilled Service Category - 2026

RECRUITMENT TO POSTS IN THE PRIMARY SKILLED SERVICE CATEGORY OF THE
DEPARTMENT OF GOVERNMENT FACTORY - 2026

Medium of Application:

Sinhala - 2

Tamil - 3

English - 4

(Write the relevant number in the box)

Serial Number Relevant to the Post

Post Applied For:

(A separate application must be submitted for each post.)

1. (a) Full Name (in English block capitals):

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(Example: HERATH MUDIYANSELAGE SAMAN RATHNAYAKA)

(b) Name with Initials (in English block capitals):

.....

(Example: H. M. S. RATHNAYAKA)

(c) Full Name (in Sinhala/Tamil):

.....

2. (a) Permanent Address (in Sinhala/Tamil):

.....

.....

(b) Address to Which the Admission Card Should Be Sent (in English block capitals):

.....

.....

(c) Address to Which the Admission Card Should Be Sent (in Sinhala/Tamil):

.....

.....

3. National Identity Card Number :

4. Gender : Female - 0

Male - 1

(Write the relevant number in the box)

5. Date of Birth : Year: Month: Day:
6. Age as at the Closing Date of Applications: Years : Months: Days:
7. Telephone Number :
8. Educational Qualifications: (Attach copies of the relevant certificates)

8.1 G.C.E. (Ordinary Level) Examination Details

I. Results at the First Sitting

Index Number :
: Year: Month:

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

II. Results at the Second Sitting

Index Number :
: Year: Month:

<i>Subject</i>	<i>Grade</i>	<i>Subject</i>	<i>Grade</i>
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

8.2 G.C.E. (Advanced Level) Examination Details

I. Year and Month of Examination:

II. Index Number:

Results

<i>Subject</i>	<i>Grade</i>
1.	
2.	
3.	
4.	

9. Additional Educational Qualifications: (Attach copies of the relevant certificates.)

<i>Serial No.</i>	<i>Institution</i>	<i>Name of Course</i>	<i>Duration</i>	<i>Certificate Validity Date</i>

10. Vocational Qualifications: (Attach copies of the relevant certificates.)

<i>Serial No.</i>	<i>Institution</i>	<i>Name of Course</i>	<i>NVQ Level</i>	<i>Duration</i>	<i>Certificate Validity Date</i>

11. Service Experience Relevant to the Post:

<i>Serial No.</i>	<i>Period of Service</i>		<i>Post</i>	<i>Place of Work</i>
	<i>From</i>	<i>To</i>		

12. Extra Curricular Activities:

.....

.....

.....

.....

13. If you currently hold a post in any government institution, provide details:

- I. Post and Grade :
- II. Date of Appointment :
- III. Institution :
- IV. Is the post permanent and pensionable?

14. Have you ever been convicted by a court of law for any offence?

(Mark the appropriate box.) If yes, provide details.

Yes

☐

No

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15. Applicant's Declaration

- (a) I solemnly declare that the information furnished by me in this application is true and correct to the best of my knowledge. I accept any loss that may arise from leaving any section incomplete and/or completing it incorrectly. I further declare that all sections have been duly completed.
- (b) I am aware that, if this declaration is proved false, I will be disqualified before appointment and may be dismissed from service after appointment.
- (c) I will not subsequently alter any information stated herein.
- (d) I attach copies of certificates in support of my educational and vocational qualifications.

Date:

.....

Applicant's Signature

16. Certification of the Applicant's Signature: (Delete whichever words are inapplicable)

I certify that Mr./Mrs./Miss, who submits this application, is personally known to me and signed it in my presence on

Date:

.....,
Signature of the Certifying Officer.

Name of the Certifying Officer :

Designation :

Address :

Official Stamp :

Note: The application must be certified as specified in paragraph 14 of the Gazette notification.

17. Certificate of the Head of Institution, if the Applicant is employed in the Public Service/Provincial Public Service:

Mr./Mrs./Miss, who submits this application, is employed in this Ministry/Department/Corporation/Board as I hereby state that he/she can/cannot be released from the service of this institution if selected for the above post.

.....,
Signature of the Head of Institution.

Name of the Head of Institution :

Designation :

Address of Work place :

Official Stamp :