(For Office use only)

Specimen Application Form
Second Efficiency Bar Examination of Psychology Counseling Officers' Service - 2025

Are you a Candidate with special Needs? Yes [ ] No [ ]

If yes, give details below and attach relevant medical certificates to the hardcopy of applications

.....

.....

The service to which you belong [ ]

Sinhala - 2
Tamil - 3
English - 4
[ ]
(Indicate the relevant number in the box)

1.0 1.1 Name in Full (In block capitals) : .....
.....
(E.g.: HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

1.2 Name with initials at the end (In block capitals) : .....

.....
(E.g. : GUNAWARDHANA, H.M.S.K.)

2.0 Place of work and address:

2.1 Name and address of the Office/Department/Institution (In English block capitals) : .....
.....

1.2 Address to which the admission card should be sent (In English block capitals) : .....
.....

3.0 Gender: Female - 1
Male - 0
[ ]

(Indicate the relevant number in the cage.)

4.0 N.I.C. No.: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

5.0 Subject/s for which you appear:

Subject	Subject No.

6.0 Telephone No : Mobile: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Fixed [ ][ ][ ][ ][ ][ ][ ][ ][ ]

7.0 Service particular: -

I. Post held at present: - .....

II Class and Grade: - .....

III First appointment letter No:-.....Date .....

IV Date of confirmation in service: - .....

V Salary Code: - .....

8.0 8.1 Are you sitting for the examination for the first time? .....

8.2 If not, examination fees paid: .....

9.0 **Certification of the Applicant**

I declare that the information furnished above is correct and I am eligible to sit for the examination in the language medium mentioned above and it is not necessary to pay the examination fee since I am sitting for the examination for the first time/I have paid the relevant examination fee. I hereby agree to abide by the rules and regulations imposed by the Commissioner General of Examinations for the purpose of making the decision on conducting the examination and issuing the results and all the provisions of the Examination Act.

.....
Signature of applicant

Date: .....

Note: - Candidate should place his/her signature in the presence of his/her respective Head of Department or an officer assigned to sign on behalf of him.

Attestation of Signature

I certify that Mr./Mrs./Miss.....who is an employee of my office and who is personally known to me placed his/her signature in my presence on .... Since he/she is sitting for this examination for the first time it is advisable to exempt him/her from the examination fee/has paid the examination fee.

.....
Signature and official stamp of
the person attesting

Name : .....
Designation : .....
Address : .....
Date : .....

10.0 Certification of the Head of the Department

I do hereby certify that the particulars given by ..... in paragraphs No. 01 to 08 of this application are true according to the personal file and this officer has applied for the prescribed examination for which he/she has qualified for applyand he/she is eligible to sit for this examination according to the regulations prescribed in the notification relating to this examination

Signature of the officer in charge of personal files: -.....

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

Institution:

Date : .....