(For Office use only)

Specimen Application

Practical Test for the Recruitment of Grade III Postal Drivers (Open) Posts in the Primary Level Skilled Category of the Department of Posts Sri Lanka -2025

Language medium :
Sinhala -2 Tamil -3 English - 4 (Indicate the relevant number in the cage)
01.(i) Name with initials: In Sinhala/Tamil Mr.
In English (Block Capitals): Mr.
(ii) Name in full: In Sinhala/Tamil Mr
In English (Block Capitals): Mr
02. (i) Permanent Address (In English Block Capitals) Calling Letter may be sent to this address
(ii) In Sinhala/Tamil:
03. (i) National Identity Card Number :
(ii) Date of birth: Year Month Date
(iii) Age as at 25.07.2025:
Years Months Days
04. Telephone Number:
Mobile:
(WhatsApp No.):
05. Are you a Sri Lankan citizen? Yes: No:

06.	Educational	Oualifications:
vv.	Luucauvnai	Qualifications.

7.

2.		Subject	Pass	Subject	Pass
8. 9. 10.	8	1.		6.	
4. 9. 5. 10. 2. G.C.E. (O.L): Second attempt Fear	9	2.		7.	
2. G.C.E. (O.L): Second attempt Examination Number	L. G.C.E. (O.L): Second attempt ar	3.		8.	
2. G.C.E. (O.L): Second attempt Fear	Examination Number	4.		9.	
Examination Number	Examination Number	5.		10.	
	6. 7. 8. 9. 10. Ofessional Qualifications: Driving License Number Date of issuance (Attach a photocopy of the Heavy Vehicles) Driving License (Attach a photocopy of the Heavy Vehicle Driving License) Dysical Fitness: Eight of the applicant:		_	on Number	
2. 7. 3. 8. 4. 9. 5. 10. Professional Qualifications: I. Driving License Number	7. 8. 9. 10. Ofessional Qualifications: Driving License Number	Subject	Pass	Subject	Pass
3. 8. 9. 5. 10. Professional Qualifications: I. Driving License Number	8. 9. 10.	1.			
4. 9. 5. 10. Professional Qualifications: I. Driving License Number II. Date of issuance III. Date of obtaining the Class D (Heavy Vehicles) Driving License	ofessional Qualifications: Driving License Number	2.		7.	
Professional Qualifications: I. Driving License Number	ofessional Qualifications: Date of issuance Date of obtaining the Class D (Heavy Vehicles) Driving License (Attach a photocopy of the Heavy Vehicle Driving License) sysical Fitness: cight of the applicant: Feet Inches (3.			
Professional Qualifications: 1. Driving License Number	ofessional Qualifications: Driving License Number	4.			
II. Date of issuance	Driving License Number	5.		10.	
Have you ever been convicted for any criminal offense by a Court of Law?	ave you ever been convicted for any criminal offense by a Court of Law? es No (Indicate X where relevant)	Driving License Numbe Date of issuance Date of obtaining the Cl (Attach a photocopy of the company of	ass D (Heavy Vel	hicles) Driving Licensee Driving License)	
	es No (Indicate X where relevant)				
	es, give details.		·		

11.	Post Office to which the fee was paid Receipt Number Date	:			
		Firmly affix the receipt here			
12.	Statement of the applicant:				
	am liable to be disqualified if any part	furnished by me in this application are true and correct. I am also aware that, I iculars contained herein are found to be false or incorrect before selection, or to on if such detection is made after appointment.			
	Further, I declare that I will abide by the rules and regulations set forth by the Postmaster General regarding the conduct of the practical test and the issuance of results, and will not change any particulars provided in this application at a later stage.				
	Date:				
	Date:	Signature of the Applicant.			
13.	Attestation of signature of the applic	eant:			
	I haveby contify that Mr				
		ure in my presence on			
	Date:	,			
		Signature of the attester.			
		Name:			
		Designation : Address :			
		Address : Official Stamp :			
		Omolar Samp			
14.	Certification of the Head of the Department/ Institution (For applicants serving in the Public or Provincial Public service)				
	,	submitting this application, is currently			
	-	in this institution since			
	, and he can/cannot be released from his current position if selected for an appointment based on the results of this test, and he has not been subject to any disciplinary action (Except warning) and the information furnished above				
	are true and correct.				
	Date :	Signature of the Head of the Department/Institution.			
		Name:			
		Designation:			
		Address:			
		Official Stamp:			