

Specimen Application

APPLICATION FOR THE POST OF PORT STATE CONTROLLER (ENGINEERING)/ EXAMINER (ENGINEERING) IN THE MERCHANT SHIPPING SECRETARIAT OF MINISTRY OF PORTS AND CIVIL AVIATION

Write the relevant medium
number in the box

(For Office use only)

(Sinhala – 1/Tamil – 2/English - 3)

Note: The medium of application cannot be changed.

01. Name of the Applicant :

i. Name with initials (Mr./Mrs./Miss) :

(E.g.- GUNAWARDHANA, H.M.S.K. (In English capital letters))

ii. Full name (Mr./Mrs./Miss) :

(In English capital letters)

iii. Full name :

(In Sinhala/Tamil)

02. Address & Telephone No :

i. Official Address :

Phone Number :

ii. Permanent Address :

Phone Number :

Mobile Number :

03. Date of Birth :

Year : Month : Date :

04. Age as at 2026 : (Application Closing Date)

Year : Month : Date :

05. National Identity Card Number :

06. Gender :

07. Marital Status :

08. Educational Qualification :

<i>Qualification</i>	<i>Year obtained Qualification</i>	<i>Subject Stream</i>	<i>Grade</i>	<i>Name of Institution</i>	<i>Remarks</i>

09. Professional Qualifications :

<i>Qualification</i>	<i>Year obtained Qualification</i>	<i>Subject Stream</i>	<i>Grade</i>	<i>Name of Institution</i>	<i>Remarks</i>

10. Particulars of Experience :

<i>Institute</i>	<i>Post</i>	<i>Functions of the Post in brief</i>	<i>Period of Service</i>	<i>Remarks</i>

11. Proficiency in Computer Literacy :

- i. Degree :.....
- ii. Diploma :.....
- iii. Certificate Course :.....

12. Have you ever been convicted by a Court of Law?

I, hereby declare that all the information provided by me in this application is true and correct, that all the parts have been duly completed and that I am aware that I will be subject to disqualification if this declaration is found to be untrue prior to my selection and dismissal if such a situation is discovered after the selection.

.....
Date

.....,
Signature.

13. **Attestation of the Signature of the Applicant**

I certify that Mr./Mrs./Misswho has submitted this application, is personally known to me and that he/she placed his/her signature on in my presence.

Name -
Designation -
Address -
Date -

14. **Recommendation of Head of Department**

(Only for Public Service Applicants)

I certify that the above mentioned Mr./Mrs./Miss Seives at the Ministry/ Department/ Institute ofthat the information furnished by him/her is accurate, that work and attendance are satisfactory, that no allegations have been levelled against him/ her and that if he/ she is selected for the post, he/ she can be released from the service of this Institution.

.....
Date

.....,
Signature of Head of Department
(Place the official stamp)