

Department of Examinations, Sri Lanka.

OPEN COMPETITIVE EXAMINATION FOR
RECRUITMENT TO GRADE III OF THE SRI LANKA
INLAND REVENUE SERVICE - 2024

Official use only

Date: 24/04/2025 23:23:41

Application Reference: **EDBCE8**



Barcode #: 0000474628

Serial #: 0000015558

NIC #: 970252797V

(1). Medium

(I). Language medium of the examination

Sinhala

(2). Personal Information

(I). Name in Full (IN BLOCK CAPITAL LETTERS)

NAKALAGAMU NAIDELAGE PATHMANATH THIMANGA JAYASINGHE

(II). Name with Initials (IN BLOCK CAPITAL LETTERS)

N.N.P.T.JAYASINGHE

(III). Permanent Address (IN BLOCK CAPITAL LETTERS) (Admission Cards will be posted to the above address.)

AELAWELLA ROAD, LIHINIYWATHTHA, NARAMMALA

(IV). Gender

Male

(V). Marital Status

Unmarried

(VI). Ethnic Group

Sinhala

(VII). Date of Birth

January 25, 1997

(VIII). Age as at the date of fulfilling qualification 2025-03-14

28

(IX). Mobile Phone Number

0759722932

(3). Educational Qualifications

(I). University/Institution

University of Peradeniya

(II). Registration Number

A/17/265

(III). External/Internal

Internal

(IV). Degree/Professional Qualification

Degree

(V). Subject/Subject field

Geography

(VI). Class

2nd

(VII). Upper/Lower

Lower

(VIII). Examination Index Number

A/17/265

(IX). Medium sat for the examination

English

(4). Officers in Public Service or Provincial Public Service

(I). Present Post or Service

(II). Grade

(III). Date of Appointment

(IV). Date of confirmation in the Post

(V). Period of Service

(5). Other

(I). Are you a candidate with special needs?

No

If yes, please forward a copy of this application to Commissioner General of Examinations, Department of Examinations - Sri Lanka. P.O. Box 1503, Colombo. together with relevant copies of medical certificates.

(6). Declaration of the Candidate

I declare that information given in this form is true to the best of my knowledge and believe. also agree to be bound by the rules governing the examination and any decision that may be taken to cancel my candidature prior to, during or after the examination, if it is found that am ineligible according to the regulations of this examination. Further, I agree to be bound by the rules and regulations imposed by the Commissioner General of Examinations as conducting of the Exam.

Applicant's Signature :-

Date :-

(7). Certification of the Head of the Department (only for the candidates in Public Service and Provincial Public Service) See Paragraph 4 of Gazette Notification.

I recommend and forward the application of Mr./Mrs./Miss.
..... I would like to inform that he/she is employed in this
Ministry/Department as a permanent employee and he/she has not subjected to any disciplinary
punishment and that, if he/she is selected for this post he/she can be released from service.

.....

Signature of the Head of the Department.

Name in full of the Officer attesting the signature :-
.....

Designation :-

Address :-

Date :-

(to be certified by placing the Official Stamp)

NB: All candidates should keep a copy of application for future reference. Those who are in the
Public Service and Provincial Public Service should handover a hardcopy of application to the Head
of Department to keep in personal file.

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Payment Information

NIC	970252797V
Application Reference	EDBCE8
Payment Type	Credit/Debit card
Payment Date and Time	24-04-2025 23:20:30
Exam Applied	OPEN COMPETITIVE EXAMINATION FOR RECRUITMENT TO GRADE III OF THE SRI LANKA INLAND REVENUE SERVICE - 2024
Exam Fee	1,200.00 LKR
Convenience Fee	21.00 LKR
Total fee Paid	1,221.00 LKR

