

06. Educational Qualifications:

6.1. G.C.E. (O.L) : First attempt

Year Examination Number

Subject	Pass	Subject	Pass
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

6.2. G.C.E. (O.L) : Second attempt

Year Examination Number

Subject	Pass	Subject	Pass
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

7. Professional Qualifications:

- I. Driving License Number
- II. Date of issuance
- III. Date of obtaining the Class D (Heavy Vehicles) Driving License
(Attach a photocopy of the Heavy Vehicle Driving License)

8. Physical Fitness:

Height of the applicant: Feet Inches (.....cm)

9. Other Qualifications:

.....
.....
.....

10. Have you ever been convicted for any criminal offense by a Court of Law?

Yes No

(Indicate X where relevant)

If yes, give details.

.....
.....

11. Post Office to which the fee was paid :
Receipt Number :
Date :

Firmly affix the receipt here

12. Statement of the applicant:

I hereby certify that all the particulars furnished by me in this application are true and correct. I am also aware that, I am liable to be disqualified if any particulars contained herein are found to be false or incorrect before selection, or to be dismissed without any compensation 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:
Signature of the Applicant

13. Attestation of signature of the applicant:

I hereby certify that Mr Who is submitting this application, is personally known by me and he placed the signature in my presence on.....

Date :
Signature of the attester
Name :
Designation :
Address :
Official Stamp :

14. Certification of the Head of the Department/ Institution (For applicants serving in the Public or Provincial Public service)

I hereby certify that Mr..... submitting this application, is currently holding the post of 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 :