



Please return this on or before
02.05.2017

Office Use Only

G.C.E. (A/L) Examination 2017 - Evaluation Program Application for Chief Marking Examiners

01. Subject applied for : Medium : Sinhala Tamil English

02. Town/Town preferred for marking : 01 02 03
(State order of preference)
(See page 02 before filling this)

03. Name : Rev./Prof./Dr./Mr./Mrs./Miss :

National identity card number :

04. Address :
Official Private
.....
.....
.....
E - mail

05. Telephone :
Office Home Mobile

06. Present post :

Date of appointment to present post :

Is the post permanent or temporary ?

07. Previous posts held by you : (Write in sequential order.)

Post	From	To	University / Institute

08. Qualifications :

Degree	Year	Subjects	University
i. First degree			
ii. Masters			
iii. Ph.D.			
Other			
Special			

09. G.C.E. (A/L) marking experience :

Please mention the number of years you have served as a marking examiner.

Year	Post (Marking Examiner/ Chief Marking Examiner/Co - Controller/ Controller)

10. Are you, a member of your family or a resident of your house sitting this examination ?
If yes, please state the district

11. Is any disciplinary inquiry being conducted against you ?
If yes, please give details
.....
.....

12. Statement of applicant:

I wish to state that the information I have given above is true and accurate and I have not been debarred from examination activities. If I am selected as a Chief Marking Examiner, I agree to safeguard the dignity of the institution where the evaluation center is established and to follow the provisions in the Public Examinations Act, as well as the instructions given by the Commissioner General of Examinations. I also agree to adhere to the code of ethics for the evaluation staff as stated in the General Instructional Manual on Evaluation of Answer Scripts.

Date :

.....

Signature of Applicant

I do hereby certify that the details of qualifications given above are correct. I recommend him/her to be appointed as a Chief Marking Examiner.

Date :

.....

Signature of Dean of Faculty/ Head of Dept.

Name :

University :

Faculty/ Dept. :

*** Town (Proposed Evaluation Centers)**

- | | | | |
|------------------|--------------------|-------------------|------------------|
| 01 - Colombo | 20 - Badulla | 36 - Polonnaruwa | 50 - Batticaloa |
| 10 - Kalutara | 25 - Galle | 37 - Trincomalee | 51 - Vavuniya |
| 12 - Negambo | 27 - Matara | 38 - Kegalle | 53 - Jaffna |
| 13 - Gampaha | 30 - Kurunegala | 41 - Kandy | 55 - Kilinochchi |
| 15 - Ratnapura | 32 - Kuliyaipitiya | 48 - Kalmunai | |
| 19 - Bandarawela | 35 - Anuradhapura | 49 - Akkaraipattu | |

This application is available in the Department's website too. (www.doenets.lk)