

**G.C.E. (A/L) Examination 2018 - 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    | 32 - Kuliyaipitiya | 41 - Kandy      |
| 10 - Kalutara  | 25 - Galle      | 35 - Anuradhapura  | 50 - Batticaloa |
| 13 - Gampaha   | 27 - Matara     | 37 - Trincomalee   | 51 - Vavuniya   |
| 15 - Ratnapura | 30 - Kurunegala | 38 - Kegalle       | 53 - Jaffna     |