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ජාතික ඇගයීම් හා පරීක්ෂණ සේවාව  
இலங்கைப் பரீட்சைத் திணைக்களம்  
தேசிய மதிப்பீட்டிற்கும் பரீட்சித்தலுக்குமான சேவை  
**Department of Examinations, Sri Lanka**  
**NATIONAL EVALUATION AND TESTING SERVICE**



මගේ අංකය  
எமது இல  
My No. } 9/2/1/AL/2019/37.....  
  
ඔබේ අංකය  
உமது இல  
Your No. } .....  
  
දිනය  
திகதி  
Date } 11.02.2019.....

පැලවත්ත, බත්තරමුල්ල.  
பெலவத்தை, பத்தரமுல்ல.  
Pelawatta, Battaramulla.

දුරකථනය  
தொலைபேசி } 2786200, 2784201, 2785202, 2784203, 2784204, 2786205, 2784206, 2787207  
Telephone  
  
ෆැක්ස්  
பெக்ஸ் } 011-2785231  
Fax  
  
කැපැල් ලිපිනය  
அஞ்சல் முகவரி } කැ.පෙ. 1503 කොළඹ  
POSTAL ADDRESS } த.பெ. 1503 கொழும்பு  
P.O. Box 1503 Colombo

අන්තර්ජාල ලිපිනය  
இணையதள முகவரி } www.doenets.lk  
Web Address } www.results.exams.gov.lk  
E-mail: exams@doenets.lk

Dean, Faculty of/Head, Department of  
.....  
University of.....

### Appointment of Chief Marking Examiners G.C.E. (A/L) Examination – 2019

The above examination will be held in August 2019 and the evaluation of answer scripts will be conducted in the following towns in several stages. An evaluation center will be organized in a particular town if only at least five evaluation panels can be accommodated there.

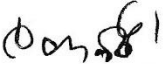
- |               |                  |                |
|---------------|------------------|----------------|
| 01. Colombo   | 27. Matara       | 41. Kandy      |
| 10. Kalutara  | 30. Kurunegala   | 50. Batticaloa |
| 13. Gampaha   | 32. Kuliypitiya  | 51. Vavuniya   |
| 15. Ratnapura | 35. Anuradhapura | 53. Jaffna     |
| 20. Badulla   | 37. Trincomalee  |                |
| 25. Galle     | 38. Kegalle      |                |

02. For the convenience of the academic staff of the university who are willing to participate in the evaluation process of the above examination, a special form is enclosed herewith. It should be filled and sent with the necessary recommendations to reach me on or before 10.03.2019 the names should be entered in the order of seniority in each Faculty/Department. Please use form **CH/A** for those who have participated in marking previously and form **CH/B** for the first - time applicants.

03. Details of subjects to be evaluated will be informed to the respective examiners in due course.

04. The envelope should be addressed to: Commissioner General of Examinations,  
Evaluation (School Exams) Branch,  
Department of Examinations - Sri Lanka,  
Pelawatta, Battaramulla.

Tele: 011- 2784037  
011- 2785231  
011- 2785216

  
D.P. Rantith Dharmaguna  
Commissioner of Examinations  
(Evaluation – School Exams)

Sgd. /B. Sanath Pujitha  
Commissioner General of Examinations

This application form is published at the department website as well. (www.doenets.lk)

**G.C.E. (A/L) Examination 2019 - 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

**STAFF OF UNIVERSITY**  
**CHIEF MARKING EXAMINERS OF THE G.C.E. (ADVANCED LEVEL) EXAMINATION- 2019**

Subject :- .....

Medium :- .....

(A separate form should be filled medium-wise for each subject.)

Name and Identity Card Number (Rev./Prof./Dr./Mr./Mrs./Miss) Names should be entered in the order of seniority in each Faculty/Department.	Private Address	E-mail Address and Telephone No.	Present Post and Date of Appointment	Are you or any of *family members or residents of your house sitting this exam?	Whether the post is permanent or temporary	Experience as a Chief Marking Examiner (Years)	Year of last Appointment as a Chief Marking Examiner	Qualifications	
								First Degree & Subjects	Post Graduate Diploma/Master Degree/ Ph.D. & Subjects

**Certification :** I do certify that the names are written in the order of seniority of the members and the details of qualifications given above are correct.  
 I recommend them to be appointed as Chief Marking Examiners of the above examination.

University :- .....

Dean of / Head of Dept :- .....

Faculty/Dept :- .....

Name :- .....

Official Stamp

Note:-

**\*Family members :** Your spouse and children, your and your spouse's siblings and their children

This application form is published at the department website as well. ([www.doenets.lk](http://www.doenets.lk))

**STAFF OF UNIVERSITY**

**NOMINATION OF NEW CHIEF MARKING EXAMINERS FOR THE G.C.E. (ADVANCED LEVEL) EXAMINATION- 2019**

Subject : .....

Medium : .....

(A separate form should be filled medium-wise for each subject.)

Name and Identity Card Number (Rev./Prof./Dr./Mr./Mrs./Miss) Names should be entered in the order of seniority in each Faculty/Department.	Private Address	E-mail Address and Telephone No.	Present Post and Date of Appointment	Are you or any of *family members or residents of your house sitting this exam?	Whether the post is permanent or temporary	Qualifications	
						First Degree & Subjects	Post Graduate Diploma/Master Degree/ Ph.D. & Subjects

**Certification :** I do certify that the names are written in the order of seniority of the members and the details of qualifications given above are correct.  
I recommend them to be appointed as Chief Marking Examiners of the above examination.

University :- .....

Dean of / Head of Dept :- .....

Faculty/Dept :- .....

Name :- .....

Official Stamp

Note:-

**\*Family members :** Your spouse and children, your and your spouse's siblings and their children

This application form is published at the department website as well. (www.doenets.lk)

