Application for Marking Examiners

01. Subject No. & subject applied for marking :

<table>
<thead>
<tr>
<th>Subject No.</th>
<th>Subject</th>
<th>Medium</th>
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<td>Sinhala</td>
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02. Town No. and town you wish to do marking : (Please see the list of towns on last page)
(a) First choice
(b) Second choice

03. (a) Name with initials : Rev./Mr./Ms. …………………………………………………………………………………
(b) Names denoted by initials : …………………………………………………………………………………………………
(c) Permanent address : ……………………………………………………………………………………………………………
(d) E-mail address : ……………………………………………………………………………………………………………
(e) Gender : ………….. (f) National identity card No. :

04. (a) Present working District :
(b) Permanent residential district :

05. (a) Address : (IN BLOCK LETTERS)

                        Official
                        Private
                        …………………………………………………………
                        …………………………………………………………
                        …………………………………………………………
                        …………………………………………………………
                        …………………………………………………………
                        …………………………………………………………
                        …………………………………………………………
(b) Telephone Nos. : Official □ □ □ □ □ □ Home □ □ □ □ □ □ Mobile □ □ □ □ □ □

06. (a) Present Designation : ……………………………………………………
(b) Service & grade :

07. (a) Date of birth:     (b) Age as at 30.04.2018:
     Y M D    Y M D

08. Date of appointment as a teacher:     D M Y Y Y Y
09. (a) Date of appointment as a lecturer:     D M Y Y Y Y
(b) Type of appointment : Attached □ Permanent □ (Tick (□) the relevant box.)

10. (a) Period of service as a lecturer: Years □ □
(b) Period of service as a graduate : Years □ □
11. (a) Academic, professional and other qualifications:

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Year Passed</th>
<th>Subjects Passed (Compulsory to State Subjects)</th>
<th>Ordinary/Special Passes</th>
<th>Class Received (If any)</th>
<th>Name of Teachers' College/ NCOE/ University/ Institution</th>
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<tbody>
<tr>
<td>Educational</td>
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<tr>
<td>Professional</td>
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<td>Other</td>
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(Mention degrees separately.)

12. For lecturers:

**Complete personal time table approved for year 2018 (with Subject No., Subjects and Year)**

<table>
<thead>
<tr>
<th>Period</th>
<th>Monday</th>
<th>Tuesday</th>
<th>wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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I hereby certify that the personal time table furnished above is correct according to the approved time table of the College of Education.

..................................................... (Official frank ) .......................................................
Name of Vice President         Signature & Date

13. Marking experience:

(a) National Diploma in Teaching Final Examination
   (i) Experience as an Assistant Examiner : Years
   (ii) Experience as a Chief Examiner : Years

(b) Marking experience of subjects applied:

<table>
<thead>
<tr>
<th>Subject No.</th>
<th>Subject</th>
<th>Experience (Years)</th>
<th>Details related to posts held last</th>
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<tbody>
<tr>
<td></td>
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<td>Assistant Examiner</td>
<td>Chief Examiner</td>
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</table>
14. (a) Does any family member or a resident of your house expect to sit this examination this year? Yes ☐ No ☐
(A family member means your spouse, children, grand children or your or spouse's siblings and their children and grand children.)

(b) If yes, from which NCOE? ..............................................................

15. (a) Is any disciplinary inquiry against you in progress? Yes ☐ No ☐
(b) If yes, give details ........................................................................................................................................................

16. Declaration of applicant:

I hereby declare that the information given above is true and accurate and that I am not debarred from marking at present and I am aware I will be subjected to disciplinary action if found to have submitted false information and mislead the department. If I am selected as a marking examiner, I agree to safe guard the dignity of the institution where the marking center is established and abide by its rules and regulations, and follow the provisions of the Public Examinations Act as well as the instructions given by the Commissioner General of Examinations and abide by the code of ethics for evaluation staff.

Date: ........................................... ...........................................  
Signature of Applicant

17. Confidential Report of the certifying officer:  (Please read instructions on last page, before completing)
(a) Regarding this applicant, his/her
   (i) Competency in the subject, applied for marking ☐
   (ii) Ability to bear responsibilities ☐
   (iii) Dedication to work/duties ☐
   (iv) Leadership and ability to lead a group ☐

(b) State your recommendation clearly regarding the selection of this applicant for marking of the above examination.

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

(c) I hereby certify that the information contained in Sections 01 to 12 and in Section 15 is correct and this applicant is suitable to serve as a marking examiner and I agree to release him/her if selected.

President's

.................................................... Name: .............................................................

Signature

Date: ........................................... Address: .............................................................

(Official frank is compulsory.)