

SPECIMEN FORM OF APPLICATION

RECRUITMENT TO THE POST OF CHIEF LEGAL OFFICER BELONGING TO THE EXECUTIVE
SERVICE CATEGORY OF THE MINISTRY OF HEALTH - 2020

District of Residence :

01. 1.1 Name with initials: Mr/Mrs/Miss :

(In English Block Capitals) Ex Mr/Mrs/Miss . SILVA A.A.B.

1.2 Name in full :

(In English Block Capitals)

1.3 Name in full :

(In Sinhala/Tamil)

02. 2.1 Address (Private) :

(In English Block Capitals)

2.2 Address (Private) :

(In Sinhala/Tamil)

2.3 Address (Official) :

(In English Block Capitals)

2.4 Address (Official) :

(In Sinhala/Tamil)

(Officer in the Public Service / Provincial Public Service /should mention their official address. Any change of the address should be informed immediately.)

2.5 Telephone Number (Personal)

2.6 Telephone Number (Official)

2.7 E- mail Address

03. 3.1 Date of birth :

Year :

Month :

Date :

3.2 Age as at the closing date of applications : Years :, Month :, Days :

04. National Identity Card No. :

05. Gender (Male/Female) :

06. Qualifications:- Date of appointment to the post of Legal Officer in Grade I of the Executive Service Category :

6.1 Experience :

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6.2. Relevant Educational Qualification / Qualifications :

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07. Certification of the Applicant:-

I hereby declare that the particulars furnished by me in this application are true and correct. I am also aware that if any of the particulars in this application is found to be false or incorrect before selection my application will be rejected and I am liable to be dismissed from service without any compensation if any such information is found to be false or incorrect after selection.

.....,
Signature of the Applicant.

Date :.....

08. Attestation of the Signature of the Applicant:-

I certify that the applicant Mr/Mrs/Miss is known to me personally and he/
she placed his/her signature in my presence on

.....,
Signature of the Attestor.
(Place rubber stamp)

Full name :.....

Designation :.....

Address :.....

09. Certification of the Head of the Department /Institution (Only for the applicants in the Public Service/Provincial Public Service) :

I certify that the applicant Mr./Mrs./Miss is serving in this Department /Provincial Council/Institute from and holds a permanent and pensionable/ temporary post and he /she has earned all increments during the past years and has not been subject to a disciplinary punishment of any kind (except warning) and all the particulars given above were checked referring to the records at this office and found correct. Further, I hereby state that he/she will / will not be released from service if selected, and that he/she placed the signature in my presence on.....

.....,
Signature of the Head of the Department /Institute.

Name :.....

Designation :.....

Date :.....

Department/ Institute :.....

(Place rubber stamp)