

STATE MINISTRY OF LIVESTOCK, FARM PROMOTION AND DAIRY & EGG RELATED INDUSTRY

DEPARTMENT OF ANIMAL PRODUCTION AND HEALTH

RECRUITMENT TO THE POSTS OF RESEARCH ASSISTANT IN GRADE III OF THE SRI LANKA  
SE

TECHNOLOGICAL RVICE

Medium selected
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(Write the relevant number in the cage)

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(For office use only)

Sinhala - 2  
Tamil - 3  
English - 4

01. Name :

1.1 Name with initials (in block letters) (Example. SILVA. B.A.) :.....

1.2 Full Name in Sinhala :.....

1.3 N.I.C.No. : 

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02. Address :

Private Address :.....

Official Address :.....

The address to which the admission card to be sent :.....

2.2 Contact Nos. :

Mobile :..... Fixed :.....

03. 3.1 Gender (Mark the relevant cage) Female 

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Male 

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3.2 Date of Birth : Year : 

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 Month : 

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 Date : 

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3.3 Age as at the closing date of the application : Years : 

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 Months : 

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 Days: 

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3.4 Civil Status : (Mark the relevant cage) Married 

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Single 

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04. Educational Qualifications :

4.1 G. C. E. (A/L) : Year :..... Month :.....

<i>Subject</i>	<i>Grade</i>	<i>Index No.</i>

4.2 G. C. E. (O/L) : Year :..... Month :.....

<i>Subject</i>	<i>Grade</i>	<i>Index No.</i>

- 4.3 (a) The Institute from where the vocational qualifications obtained :.....  
(b) The year in which the vocational qualifications obtained :.....

05. The present occupation and the previous posts held (if available) :

<i>Post</i>	<i>Institute</i>	<i>From</i>	<i>To</i>

06. The name of the post office to which the examination fees had been paid :.....  
No. of the Money order :.....

The examination fee is Rs. 400/=It can be paid at any post office in the island in favour of the Director General, Animal Production and Health.  
Paying Office: Peradeniya  
Affix the Receipt here.

07. I, hereby certify that the particulars furnished by me in this application are true and correct .I am also aware that if any of the information furnished by me is found to be false or incorrect, I am liable to be disqualified before selection or to be dismissed without any compensation if such detection is made after appointment.

.....,  
Signature of the Applicant.

Date :.....

Only for the officers who are holding permanent posts in the public service at present.

*Certificate of the Head of the Department :*

I, certify that the Applicant Mr/Mrs/Miss ..... is serving in this Department as a .....  
..... and foregoing particulars were checked by me and found to be correct. He/She could / could not be released from the present post held by him/her if selected for the above post.

.....,  
Head of the Department.  
(Rubber stamp should be used)

Designation : .....

Address : .....

Date : .....