

SPECIMEN FORM OF APPLICATION

RECRUITMENT (OPEN) TO THE POST OF RESEARCH OFFICER IN GRADE II OF THE MINISTRY OF HEALTH – 2021

Medium of Examination

District of Residence

(Sinhala - S/ English - E/ Tamil - T)

01. 1.1 Name of the Applicant with Initials: Mr./Mrs/Miss
(In English Block Capitals):- Ex: SILVA 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)
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.....
.....
- 2.2 Address (Private) :
(In Sinhala /Tamil)
.....
.....
.....

- 2.3 Address (Official) :
(in English Block Capitals)
.....
.....
.....
- 2.4 Address (Official) :
(In Sinhala /Tamil)
.....
.....
.....

(Change of the address should be informed immediately)

- 2.5 Telephone No. (Personal):
2.6 Telephone No. (Official):
2.7 E-mail Address:

03. 3.1 Date of Birth: Date Month Year

- 3.2 Age as at the closing date of application Years:..... Months :..... Days :.....

04. National Identity Card No :

05. Gender :

06. Qualifications :
(Qualifications under paragraph 02 of the notification)
6.1 Educational Qualifications :
6.2 Professional Qualifications :

07. Details of the receipt obtained by paying the examination fee. .
7.1 Office to which the examination fee was paid :
7.2 Receipt No. and Date :
7.3 Amount paid :

Affix here the receipt obtained by paying the amount of Rs. 500/- to
a Bank of Ceylon branch so as not to be detached.

08. Certification of the Applicant:

I solemnly declare that the information given herein are true and correct. I agree that if any information herein is found to be incorrect or false prior to the selection, my application will be rejected and if found so after the selection I am liable to be dismissed from service without any compensation.

Date:

.....,
Signature of the Applicant.

09. Attestation of the Signature of the Applicant.

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

.....,
Signature of the Attestor.
(Official frank)

Name in full:

Designation:

Address:

10. Certificate of the Head of Department/ Institute (Applicable only for the officers in the Public Service or Provincial Public Service)

This applicant Mr./Mrs./Miss.....has been serving in this Department/Provincial Council/Institute fromI hereby state that he/she/can/cannot be released from the current post if selected, and I certify that he/she placed his/her signature in my presence.

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

Name:

Designation:

Date:

Department/Institute:

(Authenticate with the official frank)