

Specimen Form of Application

APPLICATION FOR RECRUITMENT FOR THE VACANCIES IN THE POST OF VETERINARY SURGEON GRADE III OF THE SRI LANKA ANIMAL PRODUCTION AND HEALTH SERVICE.

(for office use only)

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01. I. Name with initials -

In Sinhala :
In English (In Block Letters)

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II. Names denoted by the initials (In English block letters)

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02. National Identity Card No.

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03. Postal Address :
.....
(Any Change in the address should be informed without delay)

04. I. Provincial Council :

II. District :

of the permanent residence

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05. Telephone No. : Fixed

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Mobile

06. Date of Birth : Year Month Date

Age as at the closing date of applications : Years : Months : Days :

07. a) Whether you are a Sri Lankan :

b) Ethnicity (Sinhala/ Sri Lanka Tamil/ Indian Tamil/ Muslim/ Other)

08. a) Gender :

b) Whether married/ single or widowed:

09. Educational Qualifications :

Degree/ Post Graduate Degree obtained	Class	University	Date of completion of the degree
1.			
2.			
3.			

10. Number and date of registration at the Sri Lanka Veterinary Council :

11. Particulars of service : (if holding a permanent post at present)

Present	Period of Service		Service station ;	Department/ Provincial Council
	from	to		
1.				
2.				
3.				

12. I do hereby certify that the particulars furnished by me in this application are true and accurate. I am aware that I will be disqualified if any particulars indicated here are detected false or incorrect before the selection and I will be subject to dismissal from the service without any compensation if detected after the appointment. I also certify signing below that I have not been convicted of any criminal offence by any court of law.

.....,
Signature of the Applicant.

Date :

(Applicable only to the applicants holding a permanent post in the Government)

1. Certificate of the Head of the Department/ Establishment

I certify that the above applicant Mr./ Mrs./ Miss. is an officer of this Department/ Provincial Council holding a post of and that the particulars mentioned in the application are correct according to his/her personal file. I also inform that he/she can/cannot be released from this Department/ from the Provincial Public Service if this officer is selected to this post.

.....,
Head of the Department/ Establishment,
(Official stamp).

Date :

Address :