

POST OF PRIMARY GRADE MEDICAL OFFICER IN MEDICAL OFFICER
CATEGORY OF THE DEPARTMENT OF AYURVEDA IN SRI LANKA AYURVEDIC MEDICAL
SERVICE

01. 1. (A) Surname with initials : _____
(in block capital letters)

(B) Surname with initials : _____
(in Sinhala/Tamil)

II. (A) Names denoted by initials : _____

(in block capital letters)

(B) Names denoted by initials : _____

(in Sinhala/Tamil)

02. 1 Permanent Address (in block capital letters) : _____

(Letters will be sent to this address)

II Permanent Address : _____

(in Sinhala/Tamil)

03. I. Date of birth :

Year	Month	Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

II. Age as at 30.06.2020 :

Years	Months	Days
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

04. NIC No. :

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05. Gender : Female Male
(mark X in the relevant cage)

06. Civil status : Married Single
(mark X in the relevant cage)

07. Whether a citizen of Sri Lanka : _____.

08. I Provincial Council :_____.
- II District :_____.
- III Divisional Secretary's Division to which the place of permanent residence belongs :_____.

09. Educational qualifications:

Particulars of the degree

BAMS BSMS BUMS

(Mark X in the relevant cage)

1. University :_____.
2. Effective date of the degree :_____.
3. Class :_____.
4. Medium in which the degree was completed :_____.
5. Duration of practical training :_____.

10. Particulars of registration in the Ayurvedic Medical Council

1. No :_____.
2. Year :_____.

I hereby certify that particulars furnished in this application are true and accurate. I am aware that in case any particular contained herein is to be found false after my recruitment to the post of Ayurvedic Medical Officer it will make me subject to be disqualified to the post and dismissed from service with no compensation.

.....
Date

.....
Signature.

Certification of signature of the applicant :

Signature of the applicant on the application should be certified by a Principal in a government school, a Justice of Peace, a Commissioner for Oaths, an Attorney-at-Law, a Notary Public, a Commissioned Officer in the Three Forces, an Officer of the Police Service holding a *Gazetted* post or a government Staff Grade Officer.

I certify that Mr./Mrs./Ms. (name in full) who submits this application is personally known to me and he/she placed his/her signature before me on

.....
Date

.....
Signature.
(place official stamp.)