

Specimen Application Form

Special Post of Medical Officer (Transplant Surgery Unit)  
National Hospital of Sri Lanka

01. Name of Applicant : .....
02. Address : .....
03. NIC Number : .....
04. Date of Birth : .....
05. Date of Appointment : .....
06. Working Station & Post : .....
07. Contact Numbers : Mobile: .....  
WhatsApp:.....
08. Email : .....
09. Service Details :

	Station	Post	Period
1			
2			
3			
4			
5			

10. Applied Post: .....

11. Special Qualifications :  
.....  
.....  
.....  
.....  
.....  
(Please attach the certified copies of the Post Graduate/Professional/Special Qualifications)

12. Whether you are in transfer order: Yes / No (If Yes state details)  
.....

I certify that the above particulars are given by me is true and correct.

Date: .....  
Signature of Applicant

Recommendations of the Head of the Institute / Decentralized Unit

Recommended/Not recommended.  
I certify that the given at 01 to 10 in the application are correct

Date: ...../...../2022  
Signature of Head of the  
Institute / Decentralized Unit