

Specimen Application Form
Selection for Promotion to the Post of Nursing Principal – 2023

01. I Full name with initials:
(In legible handwriting)
II Other Names in full :.....
III National Identity Card No :

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02. Address:
I Official :.....
II Private :.....

03. Telephone No
I Personal :.....
II Official :.....

04. I Date of Birth :

Y	Y	Y	Y	M	M	D	D
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II Age as at 06.21.2023 Years :..... Months:..... Days:.....

05. I Date of appointment to the post of Nursing Officer (Education) in Grade I.
.....
II Post Basic Nursing Training as a Nursing Officer (Education) in Grade I.
Batch..... Index No..... Merit
- III Date of appointment to the post of Nursing Officer (Education) in Special Grade -
.....
- IV Is there any service break? :
- V Date of reinstatement, if any? :
- VI If served in a post of Principal of a Nursing Training School

Service Station	Period of Service

- 06. Present service station of the applicant -
- 07. Whether the applicant has received a training on Midwifery -
- 08. Whether the applicant has registered with the Sri Lanka Medical Council -
- 09. Highest examination passed and the medium of examination -
- 10. If served in the Public Service previously, details -
- 11. Language Proficiency

	Speech	Reading	Writing
01. Sinhala			
02. Tamil			
03. English			

- 12. I hereby declare that no action has been initiated to retire me due to inefficiency and there is no disciplinary action against me or intended to be taken against me due to inefficiency. And, I am aware that I will be disqualified if particulars provided by me are found to be false or in correct prior to selection and I am liable to be dismissed from the service if found so after selection.

.....
Date

.....
Signature of the Applicant

13. **Recommendation of the Nursing Principal**

Particulars furnished in the application of Mr./Mrs./ Miss.
are accurate according to his / her personal file. I recommend and forward the application.

.....
Date

.....
Signature and Official Stamp of the Principal

- 14. To be filled by the Management Assistants in charge of the subject according to the personal file.

I. Has the officer obtained leave on no-pay during the period of 05 years immediately prior to?
.....
(Mention the period of leave on no-pay, if obtained any)

a. Maternity Leave.....

b. Leave on no-pay other than the maternity leave.....

II. Whether there is any disciplinary inquiry against the officer during the period of 05 years immediately prior to

III. Has the officer earned increments in the following years? (Mention as Yes / No)

2022 2019
2021 2018.....
2020

IV. Indicate the performance levels to which the officer has reached in the following years according to the approved performance appraisal procedure as “Very Good / Good / Satisfactory / Not Satisfactory” (Attach a copy of the performance report applied)

2022 2019
2021 2018
2020

I do hereby certify that the particulars given above and all particulars provided by the applicant from 1 – 12 in the application and particulars provided by me under No. 14 are accurate according to the personal file of Mr. / Mrs. / Miss..... and I declare that I am personally responsible in this respect.

.....
Date

.....
Signature of the Officer in Charge of the Subject

15. Recommendation of the Administrative Officer / Hospital Secretary:

I hereby certify that the particulars given above and all particulars provided by the applicant from 1 – 12 in the application and particulars provided by the subject clerk under No. 14 are accurate according to the personal file of Mr./ Mrs./ Miss. And I declare that I am personally responsible in this respect.

.....
Date

.....
Signature of the Administrative Officer / Hospital Secretary

16. Recommendation of the Head of Institution:

I recommend that the particulars provided in the application of Mr./ Mrs./ Miss.....are accurate according to his/ her personal file and I declare that I am personally responsible in this respect
I recommend / do not recommend the application.

.....
Date

.....
Signature and Official Stamp of Head of the Institution