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 o	office ı	ise only)
01	. I. Name with initials -													
01	In Sinhala:													
	In English (In Block I	Letters)							••••	• • • • • •				
											7			
									1		_			
	TI NI			1: 1 1		1	,							
	II. Names denoted by the	initials (I	ln Eng	glish b	lock	letters	s)		T		٦			
02.	National Identity Card N	lo.]
	Postal Address:													J
	(Any Ch	 nange in tl	he add			l he is	form		ithou	t dela				••••
	(Ally Ch	iange in u	ne auc	11033 3	moure	1 00 11	110111	ica w	mou	i dera	·y)			
04.	I. Provincial Council	:						••						
	II. District	:						. of t	he pe	rman	ent r	esiden	ce	
05.	Telephone No. : Fixed													
	_													
	Mobile													
					_									
06.	Date of Birth: Year	Mo	nth		Date	•••••								
	Age as at the closing date	e of applic	cation	s : Yea	ars:		. Mo	nths :	:		. Day	/s :		
07.	a) Whether you are a Sri	Lankan:												
	•													
	b) Ethnicity (Sinhala/ Sri	Lanka Ta	ımıl/ l	ndıan	Tami	ıl/ Mü	ıslım	Othe	er)					
08.	a) Gender:													
	b) Whether married/ sing	le or wide	owed:											

09.	Educational	Qualifications	:
-----	-------------	----------------	---

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

10. 1	Number and	date of regis	stration at the	Sri Lanka	Veterinary	Council:	
-------	------------	---------------	-----------------	-----------	------------	----------	--

11	Particulars	of service ·	(if holding a	nermanent i	nost at i	nresent)
11.						

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

2. 3.					
	particulars in the service	ndicated here without any	are detected false or inco- compensation if detected	rect before the selection arafter the appointment. I also	d I will
				ignature of the Applicant.	,
Date :					
(Applicable only to the applicants	s holding a p	ermanent po	st in the Government)		
1. Certificate of the Head o	f the Depart	ment/ Establ	ishment		
I certify that the above applicant Mr Council holding a post of to his/her personal file. I also infor Service if this officer is selected to	m that he/she	and that the p	articulars mentioned in th	e application are correct ac	cording
			Head of	the Department/ Establish (Official stamp).	, nent,
Date :					
Address:	•••				

04-171