

SPECIMEN FORM OF APPLICATION

RECRUITMENT (OPEN) TO THE POST OF PSYCHOLOGIST IN GRADE II OF THE MINISTRY OF HEALTH - 2021

Medium of Examination:
(Sinhala-S/English-E/Tamil-T)

District of Residence:

01. 1.1 Name of the Applicant with Initials :-Mr./Mrs/Miss.....
(In English Block Capitals)
E. g. :- SILVA A.B
- 1.2 Name in full :
(In English Block Capitals)
- 1.3 Name in full :
(In Sinhala / Tamil)

02. 2.1 Address (Private) :.....
(In English Block Capitals)
- 2.2 Address (Private) :.....
(In Sinhala / Tamil)
- 2.3 Address (Official) :.....
(In English Block Capitals)
- 2.4 Address (Official) :.....
(in Sinhala / Tamil)
(Change of the address should be informed immediately)
- 2.5 Telephone No. (Personal) :.....
- 2.6 Telephone No. (Official) :.....
- 2.7 E – mail Address :

03. 3.1 Date of birth :
- Year Month Date

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

04. National Identity Card No. :

05. Gender :

06. Qualifications :
(Qualifications under paragraph 02 of the notification)

- 6.1 Educational Qualifications :.....
.....
- 6.2 Professional Qualifications :

07. Details of the receipt obtained by paying the examination fee :

- 7.1 Office to which the examination fee was paid :.....
- 7.2 Receipt No. and Date :.....
- 7.3 Amount paid :

Affix here the receipt obtained by paying the amount of Rs. 500.00 to a Bank of Ceylon Branch so as not to be detached.

08. Certification of the Applicant:

I solemnly declare that the information given herein are true and correct. I agree that if any information herein is found to be incorrect or false prior to the selection, my application will be rejected and if so found so after selection I am liable to be dismissed from service without any compensation.

Date :.....
.....,
Signature of the Applicant.

09. Attestation of the signature of the Applicant :

I certify that Mr./Mrs./ Miss is known to me personally and he/she placed his/her signature in my presence on

.....,
Signature of the Attestor. (Official frank)

Name in full :.....
Designation :.....
Address :.....

10. Certificate of the Head of Department / Institute (Applicable only for the officers in the Public Service or Provincial Public Service) :

This applicant Mr /Mrs. /Miss..... has been serving in this Department / Provincial Council / Institute from..... I hereby state that he / she can /cannot be released from the current post if selected, and I certify that he /she placed his / her signature in my presence.

.....,
Signature of the Head of Department / Institute.

Name
Designation.....
Date.....
Department/Institute.....
(Authenticate with the official frank)