

Application for the post of Commissioner of Ayurveda (WP)

01. Name of the Officer :- Mr./Mrs./Miss

02. Current Place of Work and Address :-

03. Current Position :-

04. Stream of the Officer :-

05. Date of Birth and N.I.C no :-

06. Date of Promotion to grade I of SLAMS :-.....

07. Details on no-pay leave taken during the period of service of grade I of SLAMS :-

From	To	Years	Months	Days
.....
.....
.....

08. Active period of Service in Grade I as at the closing date of applications :-

Years..... Months..... Days.....

09. Particulars of the service experience gained during the period in grade I of Sri Lanka Ayurveda Medical Service.

Place of Work	Period of Service		Period
	Date of Commencement	Date of Leaving	Years Months Days

10. Particulars on “ Merits “shown in the Ayurveda Medical sector.

11. Sector :-

(Complete the following particulars in relevance to 3rd para of the notice for calling applications)

1. Annual Performance Appraisal

Particulars on the ratings obtained in annual performance appraisals during the period immediately prior to date of interview (Write-off the words inapplicable)

Year	Ratings obtained in Performance Appraisal
	Excellent/ Above average/ Satisfactory
	Excellent/ Above average/ Satisfactory
	Excellent/ Above average/ Satisfactory
	Excellent/ Above average/ Satisfactory

2. Publications

*Relevant category- Publications published are categorized as (a) and (b) under merits in the 3rd para of the vacancy notice. Write the relevant category accordingly.

Publications published	Relevant Category*

3. Particulars on commendations and awards

(a) Particulars on commendations –

(Marks will be given only for commendations made in form “Gen .230 b”)

Commendation received	Commendation received		The relevant field for which the commendation is awarded for
	From whom	year	

(b) Particulars on the awards

(State awards if any were awarded in the following table based on the categorization in the vacancy notice)

1. International awards received for the contribution to the Ayurveda Medical sector –
Awarded/ not awarded

Name of the Award	Award received		The relevant field for which the was awarded
	From whom	year	

2. National awards received for the contribution to the Ayurveda Medical sector –
Awarded/ not awarded

Name of the Award	Award received		The relevant field for which the was awarded
	From whom	year	

3. National/provincial level special awards received for the contribution to the Ayurveda Medical sector- Awarded/ not awarded

Name of the Award	Award received		The relevant field for which the was awarded
	From whom	year	

I certify that the above furnished information is true and accurate.

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Signature

Date:-

Secretary, Ministry of Indigenous/ Provincial Secretary, Ministry of Health and Indigenous

I recommend and forward the application of Mr./Mrs./Miss

.....

.....

Signature of Head of the Institute/ Department

Name-

Position-

Date -

Secretary to the Governor,

Western Province.

I recommend and forward the application of Mr. /Mrs. / Miss.

.....

.....

Signature of Secretary, Ministry of Health and Indigenous

Name-

Position-

Date -