## <u>Limited Competitive Examination for Recruitment to the Post of Orthopedic Workshop</u> <u>Technician belonging to the Supervisory Management Assistant Non-Technical / Technical</u> <u>Service Category (MN-03-2006 - A) of Ministry of Health - 2024</u>

Medium in which you sit the examination	District of residence
Sinhala – S	
Tamil -T	
English - E	
(Indicate the relevant letter in the cage)	
<ul> <li>i. Name with initials (In Sinhala/Tamil):</li></ul>	
<ul><li>ii) In English capital letters:</li><li>03. Official Address of the Permanent Service Station</li><li>i) In Sinhala/Tamil:</li></ul>	
04. National Identity Card No:	
05. Telephone No: Personal (mobile):	Official:
06. E-mail Address:	
07. Whether a citizen of Sri Lanka: Yes	No
08. Gender: Female Male	
09. Date of birth	
Year Month	Date
<ul><li>10. Civil Status :</li><li>11. Educational Qualifications:</li><li>(a) G.C.E. (O/L) Examination:</li></ul>	
Year: Index No: Attempt	Year: Index No: Attempt

Serial	Subject	Grade
No.		
01		
02		
03		
04		
05		
06		
07		
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09		
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Serial	Subject	Grade
No.	9,00	
01		
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(b)	Particulars of V	ocational	and	Technical	<b>Oualification</b>
(0)	rarriculars of v	ocational	and	rechnical	Qualification

Serial No.	Certificate o Vocational Qualification	Institution which issued the certificate	 Subjects

(Attach the copies of the certificates relevant to the Vocational and Technical qualifications certified by the Head of Institution)

(c)	Any other special qualifications and experience:
law for	ether you have been subject to any disciplinary punishment as per the provisions set out in lic Service Commission Circular No 01/2020 or have you been convicted by a court of any criminal offence? (If yes, give particulars)
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• • • • • • • • •	
13. Deta	ails of the receipt obtained by paying the examination fee.
1.	Branch to which the examination fee was paid:
11.	Date of payment

Affix the receipt obtained by paying Rs.1000/=to a Bank of Ceylon branch so as not to be detached. (It is advisable to keep a photocopy of the application and receipt with the candidate)

14. I solemnly declare that the particulars furnished by me in this application are true and correct. I am also aware that if any particulars contained herein are found to be false or incorrect before selection, the application will be cancelled and if so found after selection I am liable to be dismissed from the service without any compensation.

Date:	
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Signature of the Applicant

- 15. Particulars to be completed by the Head of Department/ Institute
  - i. Name of the Officer:-
  - National Identity Card No.
  - iii. Post held at the time of application
  - iv. Has the officer completed a continuous and satisfactory service period of 05 years as at the closing date of applications?
  - v. Has a letter been issued confirming the officer in the Post? (If so, attach a certified copy of the said letter)
  - vi. Has the officer earned all salary increments during the period of 05 years immediately prior to the closing date of applications?

	Has the officer been subjected to any disciplinary punishment during the period of 05 years immediately prior to the closing date of applications?  Whether any disciplinary inquiries are in progress		
in the institute apensionable pobeen subjected in the application	from	ertify that he/she holds a permanent and during the past years, has not g), particulars furnished under above 15 ds in this office and he/she will/ will not	
		Signature of the Head of Department	
Signature:			
Name:			
Designation: -			
Date:			
Department/ In	stitute:		
(Authenticate v	with the rubber stamp)		

(N.B.:- Heads of Institutes shall ensure that applications of the officers who have not satisfied educational and vocational qualifications prescribed in the gazette notification are not forwarded.)