Specimen Application

Application for the post of Director in Grade I of the Sri Lanka Scientific Service in the Ministry of Science and Technology

1.		of the officer		
	1.	Full name (in English).		
		(HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)		
	11.	Name with initials (in English):		
	iii.	(Ex: GUNAWARDHANA, H. M. S. K.) Full name (in Sinhala):		
	iv.	Date of birth:		
	1V. V.	Age as at the closing date of application: Years Months Days		
	v. vi.			
	vi. Vii.	Permanent address:		
	VII.	1 children address.		
	viii.	Telephone number:		
		Office:		
		Mobile:		
	ix.	Email Address:		
2.	Particulars	of the post:		
	i.	Current service station and address:		
	ii.	Date of appointment to Grade III:		
	iii.	Date of appointment to Grade II:		
	iv.	Date on which the officer has been appointed to Grade I:		
	v.	Post held by the officer at present:		
	vi.	Date of appointment to the said post:		
3.	Seniority			
	01	Active and satisfactory period of service in Sri Lanka Scientific Service as at the closing date applications		
	02	Active and satisfactory period of service in Grade I of Sri Lanka Scientific Service as at the closing date applications		
	02	Whether No pay leave has/ has not been obtained (If obtained,		

4. Qualifications relevant to the field:

mention the dates)

03

4.1. Special contribution made to the relevant field

* Researches and publications	Description	Relevant year
Research publications I. Local Research publications II. International Research publications		
Abstracts I. Local II. International		
Dissertations		
Innovations		
Newspaper articles		

I කොටස : (IIඅ) ඡෙදය - ශී ලංකා පුජාතාන්තික සමාජවාදී ජනරජයේ ගැසට් පතුය - 2025.04.04 PART I : Sec. (IIA) – GAZETTE OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA – 04.04.2025

5.	Statement of the applicant:
	I hereby certify that the particulars furnished above by me are true and correct to the best of my knowledge.
	Date :
	t II be perfected by the Secretary of the Ministry/ Head of the Department)
Sc co be no	e particulars mentioned in the application submitted by Mr. /Mrs. /Miss
	Signature of the Secretary of the Ministry/Head of the Department
Of Da	icial stamp te
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