

(For Office use only)

Application form for the Primary Grade Medical Officer post of the Medical Officer Category of the Sri Lanka Ayurveda Medical Service of the Department of Ayurveda

01. I. (a) Last Name with Initials (in English Block letters):

.....

(b) Last Name with initials (in Sinhala / Tamil):

.....

II. (a) Names Denoted by Initials (in English Block letters):

.....

(b) Names Denoted by Initials (in Sinhala/ Tamil):

02. I Permanent Address (in English Block letters):

(The letters are delivered to this address)

.....

II Permanent Address (in Sinhala/Tamil):

.....

.....

03. I. Date of Birth:

Year:

Month:

Date:

II. Age as at 24.06.2025:

Years:

Months:

Dates:

04. Gender: (Mark x in the relevant Cage):

Female

Male

05. Marital Status:

(Mark x in the relevant cage)

Married

Un Married

06. Whether a Citizen of Sri Lanka or not:

07. The place of permanent Residence belongs to:

I. Provincial Council

II. District.....

III. Divisional Secretariat Division

08 National Identity Card Number:

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09. Educational Qualifications:

Details of the Degree

(BAMS)

☐

(BUMS)

☐

(BSMS)

☐

(Mark x in the relevant cage)

1. Name of the University
2. Effective date of the degree
3. Class:
4. The medium in which the degree was completed
5. The year of the Internship training was received

10. Details of the Registration in the Ayurveda Medical Council:

1. Number
2. Year

I hereby certify that all the particulars provided by me in this application are true and accurate, and if any details mentioned here is found to be false and inaccurate by the appointing authority after I am being selected to the post of Ayurveda Medical Officer I am become disqualified, and I know that I am subject to be dismissed without any compensation.

.....

Date:

.....

Signature

Attestation of the Signature of the applicant:

The candidate's signature on the application must be attested by a Principal of Government School, a Justice of the Peace, a Commissioner of Oaths, an Advocate, a Notary Public, an authorized officer of the Armed Forces, a gazette officer in the Police Service or a staff grade officer holding a permanent post in the Government.

I hereby certify that (full Name) who submits this application is personally known to me, and his / her signature was placed in my presence on

.....

Date:

.....

Signature

(Official Stamp should be placed)

If the applicant is currently serving in the Public Service, the report of the Head of the Department: -

I certify that the above details are accurate, and his/her work and conduct isHe/She can be/cannot be released from the position he/she currently held.

Date

.....

Signature

(Official Stamp should be placed)