<u>Application for the Attending to the Duties in the Post of Commissioner of Ayurveda, Western Province</u>

(For Officers of the Sri Lanka Ayurvedic Medical Service [Administration-Grade II])

01.	Name of the Officer		SS	
0.0				
02.	Place of Work and Ad	dress		
03.	Current Position			
04.	Service to which the O	fficer belongs		
05.	Date of Birth and N.I.C	No		
06.	Date of Promotion to S	SLAMS (Administration-Grad	e II)	
07.	Details on No-Pay Leav	e taken during the period o	f service in SLAMS (Administ	tration-Grade II)
	<u>From</u>	<u>To</u>	<u>Years</u> <u>Mo</u>	onths <u>Days</u>
08. Active period of Service in Administrative-Grade II as at the closing date of applications $-$				
			Years Mon	ths Days
	Particulars of the servi ministration-Grade II) -	ce experience gained during	the period in Sri Lanka Ayu	rvedic Medical Service
	Place of Work	Period of Service		Period
		Date of Commencement	Date of Leaving	Years Months Days

10.	Particulars on '	'Merits"	shown in t	he Ayurvedic N	Medical sector -	
	("Merit" stated	l in parag	graph 03 of	the applicatio	n-calling notificat	tion)

1. Annual Performance Appraisal

Particulars of performance appraisal level obtained in annual performance appraisals during the 05 year period immediately prior to date of interview (Write-off the words inapplicable)

Year	Performance Appraisal level achieved	
	Excellent/ Above average/ Satisfactory	

2. Publications

*Relevant category- Publications have been categorized as (a) and (b) under "merits" in the 3rd paragraph of the application-calling notice. Write the relevant category accordingly.

Publication	Relevant Category*

3. 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
	From whom	year	

(b)	(State awards, if any had the application-calling	d been received, in the fo	ollowing tab	le based on the categorization in
			ibution to A	yurvedic Medical sector –
	Received/ Not Rece	1		,
	Name of the Award	Award received		The relevant field for which the
		From whom	Year	award is received
	Not Received			edic Medical sector – Received/
	Name of the Award	Award receive	ed	The relevant field for which the
		From whom	Year	award is received
	•	rovincial Level awards re eceived/ Not Received	eceived for t	he contribution to Ayurvedic
	Name of the Award	Award received		The relevant field for which the
		From whom	Year	award is received
I certify that t	he above furnished infor	mation is true and accur	rate.	
Date			Si	ignature of the Applicant

Medicine	
I recommend and forward the application of M	/lr./Mrs./Miss
	Signature of Head of the Institution/ Department
	Name -
Date	Designation -
Secretary to the Governor, Western Province.	
I recommend and forward the application of M	Ir. /Mrs. / Miss
	Signature of the Secretary to the Ministry
	Name -
Date	Designation -

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