

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

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Registration: Grade III)

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

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10. Particulars on “ Merits” shown in the Ayurvedic Medical sector -  
 (“Merit” stated in paragraph 03 of the application-calling notification)

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
	Excellent/ Above average/ Satisfactory
	Excellent/ Above average/ Satisfactory
	Excellent/ Above average/ Satisfactory
	Excellent/ Above average/ Satisfactory

2. Publications

\*Relevant category- Publications have been categorized as (a) and (b) under “merits” in the 3<sup>rd</sup> 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) Particulars about awards-

(State awards, if any had been received, in the following table based on the categorization in the application-calling notice)

1. International awards received for the contribution to Ayurvedic Medical sector – Received/ Not Received

Name of the Award	Award received		The relevant field for which the award is received
	From whom	Year	

2. National awards received for the contribution to Ayurvedic Medical sector – Received/ Not Received

Name of the Award	Award received		The relevant field for which the award is received
	From whom	Year	

3. Special National/ Provincial Level awards received for the contribution to Ayurvedic Medical sector – Received/ Not Received

Name of the Award	Award received		The relevant field for which the award is received
	From whom	Year	

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

Date - .....

.....  
Signature of the Applicant

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

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

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.....  
Signature of Head of the Institution/ Department

Name -

Designation -

Date - .....

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**Secretary to the Governor,  
Western Province.**

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

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.....  
Signature of the Secretary to the Ministry

Name -

Designation -

Date - .....