

### Specimen Form of Application

#### Application for Recruitment for the Vacancies in the Post of Veterinary Surgeon Grade III of the Sri Lanka Animal Production and Health Service - 2025

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(for office use only)

01. I. Name with initials :

In Sinhala : .....

.....

In English (In Block Letters) :

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II. Names denoted by the initials ( In English block letters) :

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02. National Identity Card No. :

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03. Postal Address:.....

.....

.....

(Any change in the address should be  
informed without delay)

04. Related to the permanent residence -

I. Provincial Council : .....

II. District : .....

05. Telephone No. : Fixed

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Mobile

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06. Date of Birth : Year ..... Month ..... Date .....

Age as at the closing date of applications :

Years : ..... Months ..... Days .....

07. a) Whether you are a Sri Lankan : .....

.....

b) Ethnicity ( Sinhala/Sri Lanka Tamil/Indian Tamil/  
Muslim/Other) .....

08. a) Gender :.....  
b) Whether married/single or widowed: .....

09. Educational Qualifications

<i>Degree/Post Graduate Degree obtained</i>	<i>Class</i>	<i>University</i>	<i>Date of completion of the degree</i>
1.			
2.			
3.			

10. Number and date of registration at the Sri Lanka Veterinary Council: .....

11. Particulars of service : (if holding a permanent post at present)

<i>Present post</i>	<i>Period of service</i>		<i>Service station ;</i>	<i>Department / Provincial Council</i>
	<i>from</i>	<i>to</i>		
1				
2				
3				

12. I do hereby certify that the particulars furnished by me in this application are true and accurate. I am aware that I will be disqualified if any particulars indicated here are detected false or incorrect before the selection and I will be subject to dismissal from the service without any compensation if detected after the appointment. I also certify signing below that I have not been convicted of any criminal offence by any court of law.

Date : .....

Signature of the applicant

**(Applicable only to the applicants holding a permanent post in the Government)**

**1. Certificate of the Head of the Department/Establishment**

I certify that the above applicant Mr./Mrs./Miss .....  
is an officer of this Department /Provincial Council holding a post of ..... and that

the particulars mentioned in the application are correct according to his/her personal file. I also inform that he/she can/cannot be released from this Department/from the Provincial Public Service if this officer is selected to this post.

(Write off inapplicable words)

.....  
Head of the Department/  
Establishment  
(Official stamp)

Date: .....

Address: .....

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