

Specimen Form of Application

Recruitment (Limited) to the Post of Psychiatric Social Worker in Grade II of the Ministry of Health and Mass Media - 2025

Medium of Examination :-
(Sinhala-S/English-E/Tamil-T)

District of Residence :-

01. 1.1 Name of the Applicant with Initials :- Mr./Mrs./Miss.....
(In English Block Capitals)
- 1.2 Name in full :-.....
(In English Block Capitals)
- 1.3 Name in full :-.....
(In Sinhala / Tamil)
02. 2.1 Address (Personal) :-.....
(In English Block Capitals)
- 2.2 Address (Personal) :-.....
(In Sinhala / Tamil)

- 2.3 Address (Official) :-.....
(In English Block Capitals)
2.4 Address (Official) :-.....
(in Sinhala / Tamil)
(Change of the address should be informed immediately)
2.5 Telephone No. (Personal) :-.....
2.6 Telephone No. (Official) :-.....
2.7 E – mail Address :-.....

03. 3.1 Date of birth :

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Year

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Month

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Date

3.2 Age as at the closing date of applications : Years.....Months.....Days

04. National Identity Card No. :-.....
05. Gender :-.....
06. Qualifications :-.....
6.1 Relevant Educational Qualifications:-.....
6.2 Professional Qualifications :-

07. Details of the receipt obtained by paying the examination fee:

- 7.1 Office to which the examination fee was paid :-.....
7.2 Receipt No. and Date :-.....
7.3 Amount paid :-.....

Affix here the receipt obtained by paying the amount of Rs.1,000/= to a
Bank of Ceylon branch so as not to be detached.

08. Certification of the Applicant:

I solemnly declare that the information given herein is true and accurate. I agree that if any information herein is found to be incorrect or false prior to the selection, my application will be rejected and if so found so after selection, I am liable to be dismissed from service without any compensation.

.....,
Date

.....,
Signature of the Applicant.

09. To be filled by the Head of the Department / Institution :

- I. Name of the Office : Mr/Mrs/Ms.
II. National Identity Card No. :
III. The post held at the time of application of the examination :
IV. Has a continuous service period of 05 years been completed as at closing date of application?
.....
V. Has a letter of confirmation in the appointment been issued, attach a certified copy of the letter of confirmation :
.....
VI. Have all increments been earned during the period of 05 years immediately preceding to the closing date of applications :.....
If so, particulars

- VII. Has the candidate been subjected any disciplinary punishment during the period of 05 years immediately preceding to the closing date of applications :..... (If yes, give particulars)
- VIII. Is there any disciplinary enquiry pending against the candidate?
(If yes, give particulars)
- IX. Has the candidate been convicted by any court of law ?
(If yes, give particulars)

10. Recommendation of the Head of Department / Institute

I certify that that the applicant Mr. /Mrs. /Miss.....is serving in this Department / Provincial Council / Institute from..... He / She holds a permanent and pensionable post.He / She has earned all salary increments during the past years and has not been subjected to any disciplinary punishment (except warnings) and all the particulars furnished above were checked referring to the records available at this office and found correct and he/she can / can not be released from the present post if selected, and he/she placed his/her signature in my presence on

.....,
Signature of the Head of Department / Institute.

Name
Designation.....
Date.....
Department/Institute.....
(Authenticate with the official frank).....