

**Specimen Form of Application**

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

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

01. 1.1 Name of the Applicant with Initials :- Mr./Mrs./Miss.....  
(In English Block Capitals)

E.g. :- SILVA A.B.

1.2 Name in full :-.....  
(In English Block Capitals)

1.3 Name in full :-.....  
(In Sinhala / Tamil)

02. 2.1 Address (Private) :-.....  
(In English Block Capitals)

2.2 Address (Private) :-.....  
(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 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.1000 /=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 correct. 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. Attestation of the signature of the Applicant.

I certify that Mr./Mrs./ Miss.....is known to me personally and he/she placed his/her signature in my presence on.....

.....  
Signature of the Attestor.  
(Official frank)

Name in full :-.....  
Designation :-.....  
Address :-.....

## 10. Certificate of the Head of Department / Institute (Applicable only to the officers in the Public Service or Provincial Public Service)

This applicant Mr. /Mrs. /Miss.....has been serving in this Department / Provincial Council / Institute from..... I hereby state that he / she can /cannot be released from the current post if selected, and I certify that he /she placed his / her signature in my presence.

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

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