

**Model Application Form  
Ministry of Environment.**

**Recruitment to the Post of Chief Coast Conservation Inspector of the Department of Coast Conservation and Coastal Resources Management**

For Office use only

01. Name:

1.1 Name with initials using initials at the end: .....  
(In English Block letters, *Eg.* : SILVA A.B.)

1.2 Name denoted by Initials : .....  
(In English Block letters)

1.3 Full Name (In Sinhala) : .....  
.....

02. 2.1 Personal Address :-.....  
.....

2.2 Official Address :-.....  
.....

2.3 Corresponding Address :.....  
.....

2.4 Telephone Number : .....

03.

3.1 Date of Birth : Year:  Month:  Date:

(A copy of the Birth Certificate is attached.)

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

3.3 National Identity Card No :

04. 4.1 Gender : Female ☐  
Male ☐

4.2 Civil Status married/Un married /widowhood : Married ☐  
Un Married ☐  
Widowhood ☐

05. Date of first Appointment to the Post of Coast Guard : .....

06. Date of first Appointment to the Post of Coast Conservation Inspector : .....

07. Date of Completion of the 05 years of satisfactory and active period of service in the post of Coast Conservation Inspector :- .....

08. Educational Qualifications : (Put the Mark √)

	<i>Name of the Degree</i>	<i>Institution</i>	<i>Year</i>
Postgraduate Degree			
Postgraduate Diploma			
Degrees			

09. Professional Qualifications :

<i>Professional qualifications obtained</i>	<i>Institution</i>	<i>Duration</i>

10. I hereby certify that all the information furnished by me in this application is true and correct. I understand that if any of the information mentioned herein is found to be false before my selection for this post, I will be disqualified and if it is found to be false after my selection, I will be liable to be dismissed from service without any compensation.

date : .....

.....,  
signature of the Applicant.

**Should be completed by the Head of the Department.**

01. Do you subject to the Disciplinary punishment in accordance with the provisions of the Public Service Commission Circular No. 01/2020 ? Yes / No

02. If the answer is “Yes” what is the action take in this regard ? .....  
.....  
.....

03. Has the Officer obtained No-pay leave during the period if service ? Yes / No

04. If the answer is “Yes” how many no-pay leaves were taken ?

Serial No.	The Condition applicable for the approval of the leave	Time Duration	
		From	To
i.	V: 2:5:4 < of the Establishment Code		
ii.	XII: 16 < of the Establishment Code		
iii.	Management Services Circular No. 10		
iv.	Management Services Circular No. 33		
v.	XII: 36 < of the Establishment Code		
vi.	Other No pay leave		

The application of Mr. .... who is serving in this Department and is holding the post of .....is recommended and submitted.

Date :- .....

.....,  
Signature and the Official Stamp  
of the Head of the Department.