

**MINISTRY OF HEALTH AND MASS MEDIA**

**Ayurveda Medical Council**

(For Office Use Only)

**Application for the Post of Registrar, (Senior Manager – HM 1-1)**

|            |   |  |
|------------|---|--|
| <b>1.0</b> | 1.1. Full Name                              |  |
|            | 1.2. Name with Initials                     |  |
| <b>2.0</b> | 2.1. Permanent Address                      |  |
|            | 2.2. District                               |  |
| <b>3.0</b> | 3.1. Gender                                 |  |
|            | 3.2. National Identity Card Number          |  |
| <b>4.0</b> | 4.1. Mobile Telephone Number                |  |
|            | 4.2. Landline Telephone Number              |  |
| <b>5.0</b> | 5.1. Date of Birth -                        |  |
|            | 5.2. Age as at closing date of applications |  |
| <b>6.0</b> | 6.1. Civil Status (Married / Unmarried)     |  |

**7.0 Educational Qualifications :**

**Degree Details**

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**B.A.M.S.**                     
**B.U.M.S.**                     
**B.S.M.S.**                     
**D.S.A.M.S.**                     
**D.S.A.C.**

**(Qualification Mark (X))**

University / Institution - .....  
 Date Degree Became Valid - .....  
 Period of Internship / Practical Training - .....  
 AMC Registration Number - ..... (Attach copy of registration certificate)  
 Date of Registration with Ayurveda Medical Council .....  
**Postgraduate Qualifications**  
 Postgraduate Qualification Obtained - .....  
 University / Institution - ..... (Attach copy of certificate)  
 Date Degree Became Valid - .....  
 Date Registered with Ayurveda Medical Council - .....

**8.0 Language Proficiency**

| Language                    | Reading | Writing | Speaking |
|-----------------------------|---------|---------|----------|
| i. Sinhala                  |         |         |          |
| ii. Tamil                   |         |         |          |
| iii. English                |         |         |          |
| iv. Other Foreign Languages |         |         |          |

**9.0 Experience: (Must possess at least 15 years of experience in public service or another recognized service under the Universities Act No. 16 of 1978. Mention institutions and periods of service.)**

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**10.0 Other Qualifications**

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**11.0 Declaration of the Applicant**

I hereby declare that the information furnished in this application is true and accurate to the best of my knowledge. I am aware that if any information stated herein is found to be false or inaccurate before or after recruitment, my candidature or appointment may be cancelled by the Chairman of the Ayurveda Medical Council.

I also agree to abide by the rules and regulations governing this recruitment and accept that if I am found unsuitable under such rules and regulations, my candidature or appointment may be cancelled either before or after recruitment

Date:.....

.....,  
Signature of Applicant.