Specimen Form of Application

Recruitment to the Post of Assistant Director (Medical Supplies) in the Medical Supplies Division of the Ministry of Health and Mass Media on Merit basis– 2025

01. Name with initials: Mr/Mrs/Miss .....
(In English Block capitals) Ex :- Mr/~~Mrs/Miss~~ . 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) .....
2.5 Telephone Number (Personal) :- .....
2.6 Telephone Number (Official) :- .....
2.7 e-mail Address : - .....

03.3.1 Current Post and Grade :- .....
3.2 Date of appointment to the current post :- .....
3.3 Salary Code :- .....

04. Date of birth

Year				Month		Date			

05. National Identity Card No :- .....
06. Sex (Male/Female) :- .....
07. Civil status (Married/Single) :- .....
08. Particulars of the service rendered at the Department

Nature of the post	**Institution/hospital where the officer served**	**Period of service**	**Nature of the service**
Casual			
Permanent			

09. Educational qualifications: - .....
.....

10. Other qualifications: - .....

I certify that the particulars furnished by me in this application are true and correct. I am also aware that if any of the particulars in this application is found to be false or incorrect before or after the recruitment I am liable to be disqualified to this post and action shall be taken against me.

....

Date Signature of the Applicant

Recommendation of the Head of the Institution:

i. Particulars of the commendations received by the candidate and punishments imposed on are indicated below.

Commendations and the Nature	Date of Commendation	Punishment and the Nature	Date of Punishment

ii. Candidate's :
Work : Excellent/Good/Average/Satisfactory.
Conduct : Excellent/Good/Average/Satisfactory.
Attendance : Excellent/Good/Average/Satisfactory.

iii. Leave particulars

Casual	Vacation	Half Pay	No Pay
.....	.....	.....	.....
.....	.....	.....	.....

I hereby certify that the information submitted by the applicant and all information furnished by me are correct.

Date: .....

.....
Signature of the Head of the Institution
Designation: .....
Official Stamp