For Office Use Only

Applications for the Post of Medical Officer (Primary Grade) in the Sri Lanka Ayurvedic Medical Service - 2026

01. I. (a) Surname with initials (in English Capital Letters) :
……

(b) Surname with initials (in Sinhala/ Tamil) :
……

II. (a) Names denoted by Initials (In English Capital Letters) :
……
……

(b) Names denoted by Initials (In Sinhala/ Tamil) :
……

III. Name as indicated in the Degree Certificate (In English) :
……

02. I. Permanent Address (in English Capital Letters) :
(Letters will be sent to this address.)
……
……

II. Permanent Address (In Sinhala/ Tamil) :
……
……

03. Mobile Phone Number : ……

04. I. Date of Birth : Year : ☐☐☐☐ Month : ☐☐ Date : ☐☐

II. Age as of 16th November, 2026: Years : ☐☐ Months : ☐☐ Days : ☐☐

05. Gender : (Mark 'X' in the relevant box) Female ☐ Male ☐

06. Civil Status : (Mark 'X' in the relevant box) Married ☐ Unmarried ☐

07. Whether a Citizen of Sri Lanka : .....

08. Permanent Residence Details :
I. Provincial Council : .....
II. District : .....
III. Divisional Secretariat Division : .....

09. National Identity Card Number : | | | | | | | | | | | | |

10. Educational Qualifications :
Details of Degrees

BAMS ☐ BUMS ☐ BSMS ☐

(Mark 'x' in the relevant box)

1. University : .....
2. Academic Year : ..... (Ex. 2018/2019)
3. Date of Validity of Degree : .....
4. Class :.....
5. Medium of Completion of Degree : .....
6. Year of Internship/ Practical Training : .....

11. Details of Registration with the Ayurvedic Medical Council :
1. Number : .....
2. Year : .....

I hereby certify that the information provided in this application is true and correct. I am aware that if any detail contained herein is revealed to the appointing authority as false or incorrect after my recruitment to the post of Ayurvedic Medical Officer. I am subject to being disqualified for the position and dismissed from service without the payment of any compensation.

....., ...,
Date Signature

Attestation of the Applicant's Signature:

This signature of the candidate should be attested by a Principal of a Government School, Justice of the Peace, Commissioner for Oaths, Attorney-at-Law, Notary Public, Commissioned Officer of the Tri-Forces, and Officer holding a gazetted rank in the Police Service, or a Staff Grade Officer holding a permanent post in the Government Service.

I hereby certify that Mr./Mrs./Ms. ..... (Full Name) submitting this application is personally known to me and that he/she placed his/her signature in my presence on .....

....., ...,
Date Signature (Official Stamp).

Report of the Head of Department (If the applicant is in the Public Service) :

I hereby certify that the above particulars are correct and that his/her work, conduct, and attendance are .... He/She can/ Cannot be released from his/her present post.

....., ...,
Date Signature
(Official Stamp).