

SPECIMEN FORM OF APPLICATION

RECRUITMENT (LIMITED) TO THE POST OF NUTRITIONIST OF THE MINISTRY OF HEALTH,
NUTRITION AND INDIGENOUS MEDICINE

District of Residence : Language Medium of Examination :

(Sinhala - S/ English - E/ Tamil - T)

01. I. Name with Initials (in Sinhala) : _____,
II. Name with initials in English Block capitals : _____,
III. Full Name (in Sinhala/ Tamil) : _____,
IV. Full Name (in English block capitals) : _____.
02. Permanent Residential Address :
I. In Sinhala / Tamil : _____,
II. In English Block Capitals : _____.
03. Address (Official) :
(any change of the address should be informed immediately)
III. In Sinhala/ Tamil : _____,
IV. In English block capitals : _____.
04. E-mail address : _____.
05. Telephone number : _____.
06. Date of Birth : _____.
07. National Identity Card No. : _____.
08. Gender (Male/ Female) : _____.
09. Whether you are a Sri Lanka citizen : _____.
10. District indicated by the candidate as his/ her permanent residential District : _____.
11. Civil Status (Married/ Single) : _____.
12. Qualifications :
(Qualifications given under paragraph 02 of the notification)
Educational Qualifications : _____,
Professional Qualifications : _____,
Experience : _____.
13. Particulars of the receipt for payment of examination fees :
13.1 Office at which examination fee was paid : _____,
13.2 Number and date of receipt : _____,
13.3 Amount paid : _____.

Firmly paste here the receipt issued by a Branch of Bank of Ceylon for the payment of Rs. 500.

Signature of the Applicant.

Date : _____.

14. To be filled by the Head of the Department/ Institution
I. Name of the officer : _____,
II. National Identity Card No. : _____,
III. The post held at the time of application to the examination : _____,
IV. Has a continuous service period of 05 years been completed as at closing date of applications : _____,
V. Has a letter of confirmation in the appointment been issued ? If issued, attach a certified copy of the letter of confirmation : _____.

- VI. Have all increments been earned during the period of 05 years immediately prior to the closing date of applications :_____.
- If so, particulars :_____.
- VII. Has the candidate been subjected to any disciplinary punishment during the period of 05 years immediately prior to the closing date of applications :_____.
- (If yes, give particulars)
- VIII. Is there any disciplinary enquiry pending against the candidate? :_____.
- (If yes, give particulars)
- IX. Has the candidate been convicted by any court of law ? :_____.
- (If yes, give particulars)

15. Certificate of the Applicant :

I declare that the particulars furnished by me in this application are true and correct. I am also aware that my application will be cancelled if any particular containing in the application is found to be incorrect or false before selection and I am liable to be dismissed from service without any compensation if found so after selection.

_____,
Signature of the Applicant.

Date :_____.

16. Recommendation of the Head of the Department/Institution :

I certify that the applicant Mr./ Mrs./ Miss.....is serving in this Department/ Provincial Council/ Institution from He/ She holds a permanent and pensionable post. He/ She has earned all increments during the past years and has not been subject to any disciplinary punishment of any kind (except warning) and all the particulars furnished above were checked referring to the records available at this office and found correct and he/ she can/cannot be released from the present post if selected, and he/she placed his/ her signature in my presence on

_____,
Signature of the Head of the Department/Institution.

Name :_____.

Post :_____.

Date :_____.

Department/ Institution :_____.

(Rubber Stamp)