

(For office use only)

COMPETITIVE EXAMINATION FOR RECRUITMENT TO THE POSTS IN GRADE III OF SRI LANKA SCIENTIFIC SERVICE AT THE BANDARANAYAKA MEMORIAL RESEARCH INSTITUTE OF THE DEPARTMENT OF AYURVEDA, INDIGENOUS MEDICINE DIVISION, MINISTRY OF HEALTH, NUTRITION AND INDIGENOUS MEDICINE - 2018(2019)

1.0 Medium :- Language medium of examination :   
(Indicate the relevant number in the cage)

Sinhala	2
Tamil	3
English	4

(Application should be perfected in the language medium of examination)

2.0 Post/Posts applied for :

<i>Number of preference</i>	<i>Designation</i>	<i>Code Number</i>

3.0 Personal Information :

3.1 Name in full (In block capitals) : \_\_\_\_\_.  
(Example : HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

3.2 Name with initials at the end (In block capitals) : Mr./Mrs./Miss : \_\_\_\_\_.  
(Example : GUNAWARDHANA, H. M. S. K.)

3.3 Name in full (In Sinhala/Tamil) : \_\_\_\_\_.

3.4 Permanent address (In block capitals) : \_\_\_\_\_.  
(Admission card will be posted to this address)

3.5 Permanent address (In Sinhala/Tamil)

3.6 Postal city : \_\_\_\_\_.

3.7 National Identity Card No. :

3.8 Sex : Male - 0, Female - 1

(Indicate the relevant number in the cage)

3.9 Telephone Number :

Mobile :

Residence :

3.10 Date of birth : Year :     Month :   Date :

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

3.12 Ethnic Group : Sinhala - 1 Tamil - 2 I. Tamil - 3 Muslim - 4 Others - 5   
(Indicate the relevant number in the cage)

3.13 Marital Status : Married - 1 Unmarried - 2   
(Indicate the relevant number in the cage)

3.14 E-mail address : \_\_\_\_\_.

4.0 Qualifications :

4.1 Date of graduation : \_\_\_\_\_.

(Please refer carefully Section 4 of this notification to verify whether you have possessed these qualifications)

<i>Examination/Degree</i>	<i>Class</i>	<i>Year</i>	<i>Subjects</i>	<i>University/Institution</i>

05. At the Bandaranayaka Memorial Ayurvedic Research Institute :

5.1 Post held at present : \_\_\_\_\_.

5.2 Grade : \_\_\_\_\_.

5.3 Date of Appointment : \_\_\_\_\_.

5.4 Date of Confirmation : \_\_\_\_\_.

06. Affix the receipt so as not to be detached :

It is advisable to keep a photocopy of the receipt.

Receipt Number : \_\_\_\_\_.

Post Office to which the examination fee was paid : \_\_\_\_\_.

Date : \_\_\_\_\_.

07. If you have been convicted of any criminal offence in a court of law, indicate the particulars regarding the offence and the punishment imposed : \_\_\_\_\_.

8.0 Declaration of the candidate :-

I declare that the information furnished by me in this application is true and accurate. I also declare that if any particulars contained herein are found to be false and inaccurate, I am liable to disqualification before appointment and to cancellation of appointment without any compensation if the inaccuracy is detected after appointment. Further, I agree to be bound by all the rules and regulations.

\_\_\_\_\_  
Signature of Applicant.

Date : \_\_\_\_\_.

9.0 Attestation of the Head of the Institution :

I hereby certify that Mr/Mrs/Miss ..... who is submitting this application has earned all the salary increments in the five years immediately preceding the closing date of the application (Except the increment where passing service or departmental tests is a condition) and that he/she has not been subjected to any type of disciplinary punishments (except warning) for any offense. I further declare that the particulars in this application have been taken from his/her personal file, that he/she is eligible to sit for the examination as per the regulations mentioned in the *Gazette* notification, that he/she has paid due examination fees and the relevant receipt is affixed herewith and necessary arrangements can be made to release him/ her from the post held at present in this institution, if selected for this post.

\_\_\_\_\_  
Signature of the Head of the Institution.

Date : \_\_\_\_\_.

Name : \_\_\_\_\_.

Designation : \_\_\_\_\_.

Address : \_\_\_\_\_.

(Official Stamp)