

Specimen Form of Application

**APPLICATION FOR RECRUITMENT FOR THE VACANCIES IN THE POST OF VETERINARY
 SURGEON GRADE III OF THE SRI LANKA ANIMAL PRODUCTION AND HEALTH SERVICE**

(for office use only)

--

01. I. Name with initials -

In Sinhala :

In English (In Block Letters)

II. Names denoted by the initials (In English block letters)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

02. National Identity Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Postal Address :

.....
 (Any Change in the address should be informed without delay)

04. I. Provincial Council :

II. District :

of the permanent residence

05. Telephone No. : Fixed

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

06. Date of Birth : Year Month Date

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

07. a) Whether you are a Sri Lankan :

b) Ethnicity (Sinhala/ Sri Lankan Tamil/ Indian Tamil/ Muslim/ Other)

08. a) Gender :
 b) Whether married/ single or widowed:

09. Educational Qualifications :

Degree/ Post Graduate Degree obtained	Class	University	Date of completion of the degree
1.			
2.			
3.			

10. Number and date of registration at the Sri Lanka Veterinary Council :

11. Particulars of service : (if holding a permanent post at present)

Present Post	Period of Service		Service station ;	Department/ Provincial Council
	from	to		
1.				
2.				
3.				

12. I do hereby certify that the particulars furnished by me in this application are true and accurate. I am aware that I will be disqualified if any particulars indicated here are detected false or incorrect before the selection and I will be subject to dismissal from the service without any compensation if detected after the appointment. I also certify signing below that I have not been convicted of any criminal offence by any court of law.

.....,
 Signature of the Applicant.

Date :

(Applicable only to the applicants holding a permanent post in the Government)

1. Certificate of the Head of the Department/ Establishment

I certify that the above applicant Mr./ Mrs./ Miss. is an officer of this Department/ Provincial Council holding a post of and that the particulars mentioned in the application are correct according to his/her personal file. I also inform that he/she can/cannot be released from this Department/ from the Provincial Public Service if this officer is selected to this post.

.....,
 Head of the Department/ Establishment,
 (Official Stamp).

Date :

Address :