

Open Competitive Examination for Recruitment to the Posts in Grade-III of the Supervisory Management Assistant Technical Service Category (MN-03-2006-A) of the Ministry of Health - 2025

Medium in which you sit for the examination :

(Sinhala - s, Tamil - T, English - E)

(Indicate the relevant letter in the cage)

District of residence :

01.

i. Name with initials :-

.....
(In Sinhala/ Tamil)

ii. Name in Full :-

.....
.....
(In Sinhala/ Tamil)

iii. Name with initials (In English capital letters) :-

.....
(Ex: Mr./ Mrs./Miss. SILVA A.B)

iv. Full name (In English capital letters)

.....
.....

02. Residential Address

i) Permanent Address (In English capital letters):-

.....

ii) Permanent Address (In Sinhala/ Tamil):-

.....

03. Date of Birth :-

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Year

--	--

Month

--	--

Date

3.1 Age as at the closing date of applications :-

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Years

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Months

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Days

04. National Identity Card No. :-

05. Telephone No. :- (Personal) Mobile : Fixed :

06. E-mail Address :-

07. Gender :- Female Male

08. Whether a citizen of Sri Lanka : Yes No

09. Civil status :-

10. Educational qualifications :-

(a) G.C.E. (O/L) Examination :-

Year :- Index No. :-

<i>Sr.</i>	<i>Subject</i>	<i>Grade</i>
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

(b) G.C.E. (A/L) Examination

Year :- Index No. :-

<i>Sr.</i>	<i>Subject</i>	<i>Grade</i>
01		
02		
03		
04		
05		

(c) Particulars of Vocational and Technical qualifications :-

<i>Certificate</i>	<i>Institution issued the certificate</i>	<i>Year</i>	<i>Subjects</i>

(Attach the certified copies of the certificates relevant to the vocational and technical qualifications)

(d) Experience and any other special qualifications:

.....
.....
.....

11. Have you ever been convicted to a criminal offence in a court of law? (If yes, give particulars)

12. Details of the receipt obtained by paying the examination fee.

- I. Office to which the examination fee was paid :-
- II. Amount paid :-

Affix the receipt obtained by paying Rs. 1,000/- to a Bank of Ceylon branch so as not to be detached. (Keeping a photocopy of the application and receipt will be useful.)

13. Certification of the Applicant ;

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

Date : -
 Signature of the candidate

14. Attestation of the signature :-

I hereby certify that Mr./Mrs./Miss. who submits this application is known to me personally and placed his/her signature in my presence on

.....
 Signature and Official Stamp of the Attestor.

- Full name of the Attestor :-
 - Designation :
 - Address :-
- (Authenticate with the official frank)

15. The following matters are applicable only to officers who are currently serving in the Public Service or Provincial Public Service and have satisfied the basic qualifications stated in the *Gazette* Notification.

15.1 To be filled by the Head of Department/ Institution

- i. Name of the officer :
- ii. Permanent place of work and address :
- iii. Telephone No. of permanent place of work :
- iv. NIC No. of the officer :
- v. Post holds at the time of applying for the examination :

- vi. Date of appointment to the said post :
- vii. Has the officer been confirmed in the said post? (If "yes", mentioned the date of confirmation) :
- viii. Has the officer been subject to disciplinary punishments during the period of service? (If "yes", give particulars)
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.....
.....
- ix. Has the officer subject to a disciplinary punishment by now? (If "yes", give particulars)
- x. Are there any pending disciplinary inquiries at present? (If "yes", give particulars)

This candidate, Mr./Mrs./Miss. is serving in the post of (mention the post) from the date of he/she holds a pensionable and permanent post. I hereby certify that all particulars mentioned under No. 15 above have been checked with the records available in this office and they are correct, and if he/she will be selected for this post, he/she is released/ not released from the post holds at present.

.....
Signature Head of Department/ Institution

Name :
Designation :
Date :
Department/ Institution :
(Confirm placing the rubber stamp)

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