

## Specimen Application Form

**Recruitment for the Post of .....of the  
Project Implement Unit of the North Central Provincial Department of Health Services  
(Health System Enhancement Project)**

(Information requested in English should be filled in English Capital Letters. Other information should be completed in Sinhala)

1. Post Applying For : .....  
(If applying for several posts, separate applications should be submitted for each post)

2. Name with Initials  
(in Sinhala) : .....  
(in English) Mr./Mrs./Miss : .....

3. Names denoted by Initials  
(in Sinhala) : .....  
(in English) : .....

4. Gender : .....

5. National Identity Card No. :

6. Date of Birth :

7. Age as at 01.09.2018 : Years:     Months:   Days:

8. Permanent Address of the Applicants  
(Address to which the letters to be sent)

Office Address

Telephone No.	
Mobile Phone No.	
E-mail	

Telephone No.	
Mobile Phone No.	
E-mail	

9. Educational Qualifications  
G.C.E. (Ord. Lev.)

Index No.	
Year	
Medium	

Index No.	
Year	
Medium	

Subject	Grade/Pass

Subject	Grade/Pass

G.C.E. (Adv. Lev.)

Index No.	
Year	
Medium	

Subject	Grade/Pass

10. Higher Educational Qualifications

Ser. No.	Degree/Postgraduate Degree/Postgraduate Diploma/Diploma	Subject Stream / Relevant Field	Validity Date	University/ Training Institute

11. Professional Qualifications

Ser. No.	Professional Qualifications	Validity Date	Institution

12. Certificates of Experience - (Attach Photocopies)

(I) .....  
(II) .....  
(III) .....

13. Other Qualifications - (Attach Photocopies)

(I) .....  
(II) .....  
(III) .....

14. Are you a Sri Lankan? Yes/No

15. I hereby certify that I have fully read this advertisement calling for applications and am applying accordingly and that there has never been any court action against me and I accept that I will be disqualified before selection and subject to dismissal if it is found out that the information provided by me is untrue or false. I agree to serve in any part of the North Central Province if I am selected to the above post. I hereby certify that the information provided by me in the application is true and correct.

Date:-

Signature of Applicant

16. Certification of the Head of the Department

I hereby certify that Mr./Mrs./Miss .....  
submitting this application is serving as .....in this department/  
institution and that no disciplinary action has been taken against him / not anticipated to take any disciplinary  
action and if he/she is selected to this post he/she can be released from duties of this department/institution  
/ agree to release him/her.

Date:-

Signature of the  
Head of the Institution /  
Head of the Department