

Specimen Form of Application

Recruitment to the post of Health Service Aid (Junior) in Grade III of Primary Un-Skilled Service Category (PL 01-2006-A), Ministry of Health and Mass Media – 2025.

Medium of Language:

District of residence:

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

(indicate the relevant English letter in the cage)

01. (i) Name with initials:-.....
.....
(In Sinhala/Tamil)

(ii) Name in full:-.....
.....
(In Sinhala/Tamil)

(iii) Name with initials):-Mr./Mrs/Miss.....
(In English block letters):- Eg:-Mr./Mrs/Miss. SILVA A.B.

(iv) Name in full:-.....
.....
(In English block letters)

02. Address of residence

(i) Permanent Address of residence:-.....
.....
(In English block letters)

(ii) Permanent Address of residence:-.....
.....
(In Sinhala/Tamil)

03. Date of birth:-
Year

Year					Month			Day		
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3.1 Age on the closing date of applications

Years			Months			Days		
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04. National Identity card No:-.....

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

06. Email Address:-.....

07. Sex:- Female ☐ Male ☐

08. Whether a Sri Lankan citizen: -Yes ☐ No ☐

09. Marital status: -

10. District to apply for :-

Colombo	<input type="text"/>	Gampaha	<input type="text"/>	Kandy	<input type="text"/>
Nuwara Eliya	<input type="text"/>	Galle	<input type="text"/>	Jaffna	<input type="text"/>
Ampara	<input type="text"/>	Trincomalee	<input type="text"/>	Anuradhapura	<input type="text"/>

(Please indicate 1,2,3 in order of preference for the districts you intend to serve. The district you are applying for may not be available depending on the number of vacancies and the requirement.)

11. Educational Qualifications:-

(a) General Certificate of Education (Ordinary Level) Examination:

Year:-..... Examination Number:-.....

No	Subject	Grade	
		First Attempt	Second Attempt
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			

(b) General Certificate of Education (Advanced Level) Examination

Year :-..... Index Number :-.....

Serial No.	Subject	Grade	
		First Attempt	Second Attempt
01			
02			
03			
04			

(c) Information of vocational qualifications

Certificate	Issued Institution	Year	Subjects

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

(d) Other special qualifications and experience:

.....

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.....

.....

12. Have you ever been convicted before a Court of Law?.....
(Provide particulars, if yes):-

13. Certification of the Applicant:

I do solemnly declare that the particulars furnished by me are true and accurate. I also acknowledge that if any of the particulars contained herein are found to be false or inaccurate, before selection, the application will be cancelled, and if discovered so after selection, I am liable to be dismissed from service without any compensation and subject to the relevant legal action.

Date: -

.....
Signature of the Applicant

14. Attestation of the signature of the applicant:

I do hereby certify that Mr./Mrs./Miss who is forwarding this application is known to me personally and that he/she placed his/her signature before me on

.....
Signature of the Attesting Officer

consider

Attestor's Full name :
Designation :
Address :

(Please confirm by placing the official stamp)