

Specimen Application Form

Application for the post of Provincial Director to the Department of Animal Production and Health of  
Central Provincial Council

1. Name with initials: Mr. /Mrs./ Miss .....
2. I. Present Post: .....  
II. Service and Grade: .....  
III Present work station & address: .....
3. Personal address:.....
4. Sex : .....
5. I. Date of Birth : .....  
II. Age as at 18.02.2025 : .....
6. National Identity Card No : .....
7. Contact No. I. Personal : .....  
II. Official : .....
8. Date of promotion to Sri Lanka Animal Production and Health Service Grade I:.....
9. Period of active service in Grade I as at the closing date of application (18.02.2025)  
Years ..... Months ..... Days.....
10. Educational qualifications in the field related to the post

No order	Doctor of Philosophy/ Post-Graduate degree/ Post- Graduate Diploma	Institute offered	Year

11. Details relating to the period of service from the date of first appointment to .../.../2025

No order	Service Station	Post held and grade relevant to the post	Period	
			From	From



I do hereby certify that no any disciplinary inquiry is being held against me, not subjected to any disciplinary punishments for the offences mentioned in the Schedule I & II of Establishment Code Volume II within a period of five years immediately preceding the closing date of applications and all information furnished by me in this application is true and correct.

Date: -

.....  
Signature of applicant

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Recommendation of the Head of the Department

I do hereby certify that information furnished by Mr./Mrs. .... is true as per relevant officer's personal file, he/she has earned all the salary increment on 18.02.2025 within the immediately preceding 05 years and as per the provisions of Public Service Commission's Circular No: 01/2020 and Circular No: 01/2020(I), this officer has not been subjected to any disciplinary punishments, disciplinary inquiries and not anticipated to hold inquiry in future. He/ She could be released from current post if selected for this Post.

Date: - .....

.....  
Signature of the Head of Department  
Name  
(Place official stamp)

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Recommendation of the Secretary to the Ministry

I do/ do not recommend the above application.

Date : .....

.....  
Signature of the Secretary of the Ministry  
Name  
(Place official stamp)

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Recommendation of Chief Secretary of the Province (only for officers who have been absorbed to Provincial Councils)

I do/ do not recommend the above application.

Date: .....

.....  
Signature of Provincial Chief Secretary  
Name  
(Place official stamp)