

Specimen Application Form

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

Part = I

(To be completed by the officer)

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 the closing date of application :
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 II:
9. Period of active service in Grade II as at the closing date of application
Years Months Days.....
10. Educational qualification in the field related to the post

No order	Post-Graduate degree/ Post-Graduate Diploma	Institute offered	Year

11. Details on service from the date of the first appointment to closing date of application

Service Station	Post held and grade relevant to the post	Period	
		From	From

v. Other qualifications

I. Commendations –

(Marks will be awarded only for commendations made in form “General 230 b”)

No. Order	Commendations received	Commendations received		Field of work to which this commendation was received
		From whom	Year	

II. National / Provincial level awards

(As mentioned in Para. 02.6.1 of the Marking Criteria published on the website)

No. Order	Details of the awards (related to which matter)	Whether national/provincial awards	Institution offered

13. Details on disciplinary measures -

13.1 Have you been subject to any disciplinary/audit punishment during your previous employment?

Yes/No

13.2. If yes, please provide details

.....

I do hereby certify that above No. 01 to 13 information furnished by me in this application is true and correct.

Date: -

.....
Signature of applicant

Part = II

Recommendation of the Head of the Department

I have examined the personal file of the officer who has submitted the above information,

1. Are there any disciplinary or audit proceedings currently being initiated/ disciplinary or audit investigations underway? Yes / No
 - 1.1. If yes, please provide details
2. Accordingly, I do hereby certify that the information furnished by this officer is correct.
3. He/ She could be released from current post if selected for this Post.
4. I do/ do not recommend the officer's application.

Date: -

.....

Signature of the Head of Department

Name

(Place official stamp)

Part -III

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)

Part -IV

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

I do/ do not recommend the above application.

Date :

.....

Signature of Provincial Chief Secretary

Name

(Place official stamp)