

Specimen Application

For office use only.

((Mark with a √ sign)

Ayurveda Administrative I

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Ayurveda Administrative II

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Ayurveda Medical Officer I

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Ayurveda Medical Officer II

☐

Recruitment for the Post of Ayurvedic Commissioner in North Western Provincial Council Public Service

Part "a"

01. 1.1. Name with initials (In Sinhala/Tamil) Mr./Mrs./Miss:
- 1.2. Name with Initials (In English Block Capital letters) : Mr./Mrs./Mrs.
- 1.3. Full Name (In Sinhala/Tamil) :
- 1.4. Sex : ☐
- Female - F Male -M (Mention the relevant letter in the box.)
- 1.5. Date of Birth : Year Mont Date
- 1.6. National Identity Card No.
02. 2.1. Permanent Address :
- 2.2. Official Address (In Sinhala) :
- 2.3. Tele No. : Official Private
03. 3.1. Current Post :
- 3.2. Class and Grade :
- 3.3. Date Appointed to Current Post:
- 3.4. Active Service Period in the post to 20.08.2025 :

3.5. Pre-service Records :

Ministry/ Department/Institute	Duration		The Post Held by the Officer	The Grade in which the Post belongs to
	From	To		

04. Educational Qualifications

(Details of any Postgraduate Degree/MSc/MA/PhD studied in relation to the subjects included in Appendix II of the Service Minutes of the Ayurvedic Medical Service, other than the certificate submitted as a basic qualification either at the time of promotion to Grade I of the Ayurvedic Medical Service – Medical Officer Grade 1 or when applying for this post.)

4.1 Name of Post Graduate/ Post Graduate Diploma:

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4.2. University/ Institute :

4.3. Date of completion of said Post Graduate/ Post Graduate Diploma :

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05. Publications published related to the field of Ayurvedic medicine:

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06. Trainings obtained : Local/Foreign

Name of the Institute	Name of the Training	Local/Foreign	Duration

07. Language Proficiency:

(Details of the diploma covering 100 hours, other than the certificate used to fulfill the Official Language Requirement.)

08. Certification of the Applicant :

I declare that the information provided by me in this application is true and correct, and I agree to bear any loss that may occur due to incomplete or incorrect completion of any part of this application.

Date -

.....
Signature of the Applicant

Part "B"

Certificate from the immediate staff officer in charge of applicant's personal file
Mr./Mrs./Miss..... who is submitting this application

01.1.1 has/has not earned all salary increments in the preceding 05 years.

Year	has/has not earned salary increments	Performance level

1.2 The reason for and the period of differing the increment, if differed

.....
.....

02. Has/has not subject to disciplinary action in the preceding 05 years

If subjected to such disciplinary action, details thereof

Year	Relevant disciplinary proceedings	Its current status

(Annexing Certified copies of charge sheets/disciplinary orders are mandatory, if issued)

03. Disciplinary punishments have been / have not been received in accordance with the provisions mentioned in Public Service Commission Circular No. 01/2020

04. Convicted/ not convicted by a court.

05. Fulfilled / Not Fulfilled the qualifications specified in the notification

06 I certify / do not certify that the information stated in his/her application is consistent with the records available in this Department.

.....

Date

.....

Signature of the staff officer

Name:

Official Stamp:

Part "C"

Certification of the Head of Institution/ Department

I do hereby certify that I have checked the personal file of Mr./Mrs., and accordingly, I certify that the particulars provided are correct, and he/she has earned / has not earned all the salary increments during the immediately preceding five (05) years up to 20.08.2025, and disciplinary action has been taken / has not been taken against him/her during the said period, and there is / is no intention to take such action against him/her in the future. I also agree to release him/her, if selected for the said post.

.....
Date

.....
Signature and Official Seal of
the Head of Institution/ Department

Recommendation of the Secretary to the Ministry

.....
Date

.....
Signature of the Secretary to the Ministry
Name:
Official Seal:

Recommendation of the Provincial Chief Secretary (Only for officers absorbed into the Provincial Council)

.....
Date

.....
Signature of the Provincial Chief Secretary
Name:
Official Seal: