

**Application form for the Post of Provincial Commissioner of Department
of Indigenous Medicine in Northern Provincial Council.**

1. Name with Initials (In English) Mr/Mrs/Miss :.....
2. Name in Full (In English) :.....
3. 3.1. Official Address :.....
- 3.2. Official Telephone Number :.....
- 3.3. Permanent Address :.....
- 3.4. Personal Telephone Number Home.....
Mobile.....
4. 4.1. Date of Birth Year..... Month..... Date.....
- 4.2. Age (as at closing date) Years..... Months..... Days.....
5. National Identity Card Number :.....
6. 6.1. Date Appointed to the Sri Lanka Ayurvedic Medical Service.....
- 6.2. Date of Confirmation in the Service :.....
7. 7.1. Date of Promotion to Administrative Grade I in Sri Lanka Ayurvedic Medical Service.....
- 7.2. Number and the date of the letter of promotion:.....
8. 8.1. Present post and the date and the number of the letter of appointment to the post:.....

9. 9.1. Educational Qualifications (Post Graduate Diploma / MA/M.Sc/M.Phil/PhD)

Educational Qualifications	Medium	Institution	Effective date of the Certificate

9.2. Professional / other qualifications

Professional Qualifications	Medium	Institution	Effective date of the Certificate

10. Trainings (Local / Abroad)

Course	Medium	Institution	Effective Date of Certificate

11. Proficiency in Other Languages :.....

I hereby certify that the particulars furnished above are true and correct. I wasn't subjected to any disciplinary punishment and I have earned all the increments during last five years.

.....
Date:

.....
Signature of the applicant

Recommendation of the Head of the Establishment

I hereby certify that the above particulars furnished by the applicant are true and correct and he/she possesses all qualifications required in the advertisement. Further he/ she has not been subjected to any disciplinary action and hasn't been convicted by any Court of Law during this period.

.....
Date:

.....
Signature of the Head of the Establishment

Recommendation of the Secretary to the Ministry/ Head of the Department

I hereby certify that the above particulars furnished by the applicant are true and correct and he /she has completed all the qualifications required in the advertisement. Further he/ she has not been subjected to any disciplinary action and hasn't been convicted by any Court of Law during this period. If he/ she is selected for the said post he she can/ cannot be released.

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Date:

.....
Signature of the Secretary to the Ministry /
Head of the Department.