For Office Use Only

Application for the Post of Medical Officer (Primary Grade) in the Sri Lanka Ayurvedic Medical Service - 2026

01. I (a) Surname with Initials (in English Capital Letters):

.....

((b) Surname with Initials (in Sinhala / Tamil):

.....

II (a) Names denoted by Initials (in English Capital Letters):

.....

.....

(b) Names denoted by Initials (in Sinhala / Tamil):

.....

III Name as indicated in the Degree Certificate (in English):

.....

02. I. Permanent Address (in English Capital Letters):

(Letters will be sent to this address.)

.....

.....

II. Permanent Address (in Sinhala / Tamil):

.....

.....

03. Mobile Phone Number: .....

04. I Date of Birth: Year Month Date

II Age as of 16th November 2026: Years Months Days

05. Gender:

(Mark 'X' in the relevant box)

Female	Male

06. Civil Status:

(Mark 'X' in the relevant box)

Married	Unmarried

07. Whether a Citizen of Sri Lanka: .....

08. Permanent Residence Details:

I Provincial Council: .....

II District: .....

III Divisional Secretariat Division: .....

09. National Identity Card Number: | | | | | | | | | | | | |

10. Educational Qualifications:

Details of Degrees:

BAMS ☐ BUMS ☐ BSMS ☐

(Mark 'X' in the relevant box)

1. University: .....
2. Academic Year: .....(Ex: 2018/2019)
2. Date of Validity of Degree: .....
3. Class: .....
4. Medium of Completion of Degree: .....
5. Year of Internship / Practical Training: .....

11. Details of Registration with the Ayurvedic Medical Council:

1. Number: .....
2. Year: .....

I hereby certify that the information provided in this application is true and correct. I am aware that if any detail contained herein is revealed to the appointing authority as false or incorrect after my recruitment to the post of Ayurvedic Medical Officer, I am subject to being disqualified for the position and dismissed from service without the payment of any compensation.

....

Date Signature

Attestation of the Applicant's Signature:

The signature of the candidate should be attested by a Principal of a Government School, Justice of the Peace, Commissioner for Oaths, Attorney-at-Law, Notary Public, Commissioned Officer of the Tri-Forces, an Officer holding a gazetted rank in the Police Service, or a Staff Grade Officer holding a permanent post in the Government Service.

I hereby certify that Mr./Mrs./Ms. ..... (Full Name) submitting this application is personally known to me and that he/she placed his/her signature in my presence on .....

....

Date Signature

(Official Stamp)

Report of the Head of Department (If the applicant is in the Public Service):

I hereby certify that the above particulars are correct and that his/her work, conduct, and attendance are ..... He/ She can / cannot be released from his/her present post.

....

Date Signature

(Official Stamp)