

Specimen form of application

For Office Use Only

**Departmental Examination for Preliminary Grade Medical officers
& Dental Surgeons - March 2024**

01. (a) i. Full Name of the Applicant (In Sinhala) :

ii. Full Name of the Applicant (In English Capitals Block Letters)

iii. Name with initials (In Sinhala) :

iv. Name with initials (In English Block Letters)

(b) i. Designation (Please mark (√) in relevant cage)

I. Medical Officer

II. Dental Surgeon

ii. Date of Internship appointment :-.....

iii. Date of appointment to the preliminary Grade/ Grade II :-.....

02. Subjects Offered (Mark “√” within the cages against the subjects you offer in this Examination. Mark “X” against the subjects not offered)

Admin of Hospitals & Dispensaries	<input type="checkbox"/>	Establishments Code	<input type="checkbox"/>	Accounts	<input type="checkbox"/>
	<input type="checkbox"/>				
Sinhala Viva Voce		Tamil Viva Voce	<input type="checkbox"/>		

03. Medium you sit for the examination (Mark "√" in relevant cage)

Sinhala	<input type="checkbox"/>	English	<input type="checkbox"/>	Tamil	<input type="checkbox"/>
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04. (a) i. Present Station :-

ii. This Institution belongs to; Line Ministry
 Provincial Council

(b) i. If Provincial Council mention Province:.....

ii. District of the Present Station :-

(c) i. Mobile Telephone No.

ii. E-Mail Address :

(d) National Identity Card No.

Please mark '√' in the relevant cage of the examination centre you prefer out of the following centers.

(e) (If any or several examination centers, out of those given below, would be cancelled due to a departmental requirement or due to absence of a sufficient number of candidates. In such an instance, the candidates already attached to such centers would be re-attached to a closest examination center or to another center as decided by the Director General of Health Services)

Colombo	<input type="checkbox"/>	Kandana	<input type="checkbox"/>	Hambantota	<input type="checkbox"/>	Ampara	<input type="checkbox"/>
Kaluthara	<input type="checkbox"/>	Galle	<input type="checkbox"/>	Badulla	<input type="checkbox"/>	Vavuniya	<input type="checkbox"/>
Kurunegala	<input type="checkbox"/>	Anuradhapura	<input type="checkbox"/>	Rathnapura	<input type="checkbox"/>	Polonnaruwa	<input type="checkbox"/>
Kandy	<input type="checkbox"/>	Batticaloa	<input type="checkbox"/>	Jaffna	<input type="checkbox"/>	Trincomalie	<input type="checkbox"/>

- (f) Whether one self-addressed envelope in the size of 9 x 4 inches with stamps affixed to the value of Rs.110.00 has been attached to the application to post the Admission Card?.....
- (g) (i) Postal Address to post the Admission Card (In Sinhala) :-
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- (ii) Postal Address to post the Admission Card (In English):-.....
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05. (a) Whether you sit for the examination for the first time: -.....
- (b) If not so, have you affixed stamps to the application? -.....

Stamp Cage

06. Certificate of the candidate :-

- (i) I do hereby certify that the particulars furnished by me in this application are true and accurate to my knowledge and I need not affix stamps since I sit the Examination for the first time / have affixed stamps to the value of Rs. since I repeat the Examination,* and the stamps affixed by me to the application are genuine and not used.
- (ii) I agree to abide by the rules and regulations stipulated by the Ministry of Health for the conduct of this Examination and if I was found ineligible in accordance with the scheme of the Examination I agree with whatever decision taken for the cancellation of my candidature.
- Date.....

.....
Signature of the candidate

07. Certification of the officer who handle the personal file.

I certify that this application has been delivered to me before/ pass the last date of receipt and that the application has correctly completed this application as per the information in the personal file and that he has met the qualifications required to appear for departmental examination and that a copy of this application has been filed in the personal file

Date :

.....
Name and Signature

08. Certification of Head of Institution:

I certify that Mr./Mrs./Miss..... serves as a in this institution, and the particulars furnished by him/her in the application are correct according to the particulars in his/her personal file, and he/she sit the examination for the first time and he/she is eligible to sit this examination and he/she placed his/her signature in my presence.

Date :

.....
Signature of the Head of Institution
(Rubber Stamp)

09. Certificate of the Head of Decentralized unit / specialized Campaign

Mr/Mrs/Miss.....serves as a Medical Officer/ Dental Surgeon in my Division / Campaign* and the particulars furnished by him / her* in the Application are correct in accordance with the particulars available in his / her* personal file and he / she* is eligible to sit for the Examination.

Date

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Signature of Head of Decentralized unit/
Specialized campaign
(Frank / Rubber Stamp)