## Open Competitive Examination for Recruitment to the Posts in Grade-III of the Supervisory Management Assistant Technical Service Category (MN-03-2006-A) of the Ministry of Health - 2025

	n in which you sit for the examination	on: District of residence	e:		
	a - s, Tamil - T, English - E) te the relevant letter in the cage)				
(maica) 01.	te the relevant letter in the eage)				
i.	Name with initials :-				
1.					
	(In Sinhala/ Tamil)				
ii.	Name in Full :-				
	(In Sinhala/ Tamil)				
iii.	Name with initials (In English capi	tal letters):-			
	(Ex: Mr./ Mrs./Miss. SILVA A.B)		•••••		
iv.	Full name (In English capital letter	c)			
ıv.	Tun name (in English capital letter				
02. Res	sidential Address				
i)	Permanent Address (In English cap	vital letters):-			
ii)	Permanent Address (In Sinhala/ Tar	mil):-			
03. Dat	e of Birth:-				
	Year	Month	Date		
3.1	Age as at the closing date of applic	eations :-			
	Years	Months	Days		
04.37					
	•				
05. Tel	lephone No. :- (Personal) Mobile :	Fixed :			
06. E-1	mail Address :				
07. Ge	nder :- Female Mal	le			
08. WI	nether a citizen of Sri Lanka : Yes	No			
09. Civ	vil status :				
10. Ed	ucational qualifications :-				
(a)	G.C.E. (O/L) Examination :-				
	Year :	Index No. :-			

Sr.	Subj	iect		Grade		
01					1	
02					1	
03						
04					1	
05						
06						
07						
08						
09						
10						
	(A/L) Examination	Index No	). :			
Year :-	·		o. :			
Year :-  Sr.			). :	Grade		
Year :- <i>Sr.</i> 01	·		). :			
Year :-  Sr:  01  02	·		0. :			
Year :-  Sr:  01  02  03	·		o. :			
Year :- Sr: 01 02 03 04	·		0. :			
Year :-  Sr:  01  02  03	·		0. :			
Sr: 01 02 03 04 05	·	ject				

(b)

(c)

	(Attach the certified copies of the certificates relevant to the vocational and technical qualifications)
(d)	Experience and any other special qualifications:
11.	Have you ever been convicted to a criminal offence in a court of law? (If yes, give particulars)
12.	Details of the receipt obtained by paying the examination fee.
	I. Office to which the examination fee was paid:-  II. Amount paid:-

Affix the receipt obtained by paying Rs. 1,000/- to a Bank of Ceylon branch so as not to be detached. (Keeping a photocopy of the application and receipt will be useful.)

	any particul	lars contained herein are found to be false	me in this application are true and correct. I am also aware that if e or incorrect before selection the application will be cancelled and I from the service without any compensation.
	Date :		Signature of the candidate
14.	Attestation of	of the signature :-	
			Signature and Official Stamp of the Attestor.
	<ul><li>Designation</li><li>Address :</li></ul>	e of the Attestor :	
15.		ving matters are applicable only to offic vice and have satisfied the basic qualifica	ers who are currently serving in the Public Service or Provincial ations stated in the <i>Gazette</i> Notification.
	15.1 To b	e filled by the Head of Department/ Insti	tution
	i.		
	ii.	Permanent place of work and address:	
	iii.	Telephone No. of permanent place of w	ork :
	iv.	NIC No. of the officer:	
	v.	Post holds at the time of applying for th	e examination :
	vi.	Date of appointment to the said post:.	
	vii.		id post? (If "yes", mentioned the date of confirmation):
	viii.	Has the officer been subject to discipparticulars)	olinary punishments during the period of service? (If "yes", give
	ix.		punishment by now? (If "yes", give particulars)
	х.		uiries at present? (If "yes", give particulars)

13. Certification of the Applicant;

This candidate, Mr./Mrs./Miss				
	Signature Head of Department/ Institution			
Name Designation	: :			
Date Department/ Institu	ion:			
(Confirm placing th				

03-164