

SPECIMEN APPLICATION FORM

Application for the vacant posts of Deputy Director (Kandy and Nuwara Eliya) to the Department of Animal Production and Health of Central Provincial Council

1. Name with initials: Mr./Mrs./ Miss
.....
2. I. Present Post:
II. Service and Grade:
III Present work station & address:
.....
3. Personal address:.....
.....
4. Sex :
5. I. Date of Birth :
II. Age as at the closing date of application :
6. National Identity Card No. :
7. Contact No. I) Personal: II) Official:
8. Date of promotion to Sri Lanka Animal Production and Health Service Grade II:
9. Period of active service in Grade II as at the closing date of application
Years Months Days.....

10. Educational qualification in the field related to the post

<i>No. order</i>	<i>Post-Graduate degree/ Post- Graduate Diploma</i>	<i>Institute offered</i>	<i>Year</i>

11. Details on service from the date of the first appointment to closing date of application

<i>Service Station</i>	<i>Post held and grade relevant to the post</i>	<i>Period</i>	
		<i>From</i>	<i>From</i>

12. Details of “Skills” displayed in the field of Animal Production and Health -

i. Annual Performance Appraisals

Details on rating obtained in performance appraisal during the period of 05 years immediately prior to the date of interview (cross off irrelevant words)

Year	Rating obtained in performance appraisal
2020	Excellent / Above average / Satisfactory
2021	Excellent / Above average / Satisfactory
2022	Excellent / Above average / Satisfactory
2023	Excellent / Above average / Satisfactory
2024	Excellent / Above average / Satisfactory

ii. Knowledge on Financial Management and Administrative Affairs
(As mentioned in Para. 02.3.1 of the Marking Criteria published on the website)

<i>No. Order</i>	<i>Knowledge on Financial Management and Administrative Affairs</i>	<i>Duration</i>

iii. Understanding on Development Affairs
(As mentioned in Para. 02.3.2 of the Marking Criteria published on the website)

<i>No. Order</i>	<i>Understanding on Development Affairs</i>	<i>Duration</i>

iv. Creative Publications and Projects

(As mentioned in paragraphs 02.4 of the Marking Criteria published on the website)

<i>Publications/ Projects</i>	<i>Relevant category</i>

v. Other qualifications

I. Commendations

(Marks will be awarded only for commendations made in form “General 230 b”)

<i>No. Order</i>	<i>Commendations received</i>	<i>Commendations received</i>		<i>Field of work to which this commendation was received</i>
		<i>From whom</i>	<i>Year</i>	

II. National level awards

(As mentioned in Para. 02.5.1 of the Marking Criteria published on the website)

<i>No. Order</i>	<i>Details of the awards (related to which matter)</i>	<i>Whether national/ international awards</i>	<i>Institution offered</i>

*If selected for the above positions based on the results of the interview to ascertain the qualifications, I do hereby express my willingness to serve in the relevant positions as per following preference order.

(Indicate the relevant order as 01 and 02)

<i>Post</i>	<i>Preference Order</i>
Deputy Director – Nuwara Eliya	
Deputy Director – Kandy	

I do hereby certify that no any disciplinary inquiry is being held against me, not subjected to any disciplinary punishments for the offences mentioned in the Schedule I & II of Establishment Code Volume II within a period of five years immediately preceding the closing date of applications and all information furnished by me in this application is true and correct.

Date :

.....
Signature of applicant

Recommendation of the Head of the Department

I do hereby certify that information furnished by Mr./Mrs/ Miss. is true as per relevant officer's personal file, he/she has earned all the salary increment on the closing date of applications within the immediately preceding 05 years and this officer has not subjected to any disciplinary actions and not anticipated to hold inquiry in future. He/ She could be released from current post if selected for this Post.

Date :

.....
Signature of the Head of Department

Name :
(Place official stamp)

Recommendation of the Secretary to the Ministry

I do/ do not recommend the above application.

Date :

.....
Signature of the Secretary of the Ministry

Name :
(Place official stamp)

Recommendation of Chief Secretary of the Province (only for officers who have been absorbed to Central Provincial Council)

I do/ do not recommend the above application.

Date :

.....
Signature of Provincial Chief Secretary

Name :
(Place official stamp)