

MODEL APPLICATION FORM

Application form for the Promotion to the Administration Grade II of the Sri Lanka Ayurveda Medical Service

1. Name with initials :
2. Full Name :
3. Date of Birth :
4. National Identity Card No. :
5. (i) Permanent Address :
- (ii) Telephone No. :
6. (i) Address of the work place :
- (ii) Telephone Number :
7. (i) Date of first Appointment :
- (ii) Present Grade :
- (iii) Date of Appointment to the Grade II :
- (iv) Service period of the Grade II as at 31.12.2022 :
- (v) Date of appointment to the Grade I :
- (vi) Service period of the Grade I as at 31.12.2022 :
- (vii) Whether service has been confirmed :
- (viii) Date of confirmation of the service :
8. Qualifications obtained as mentioned in the 01 (IV) of the Notification calling applications :

| Qualifications that should be fulfilled as mentioned in the Notification calling applications relevant to No. 01 (IV) the position hold and the Institution | The Grade to which the post belongs (Grade I/ Administration I/II) | Nature of the Post (Permanent/ Acting) | Period served in the relevant post | |
|---|--|--|------------------------------------|----|
| | | | from | To |
| | | | | |
| | | | | |

9. Postgraduate Qualifications obtained :

(As per the Appendix III of the Service Minute of the Sri Lanka Ayurveda Medical Service)

| Institution | Name of the Course | Time Period | Date of Completion (Including training Period) |
|-------------|--------------------|-------------|--|
| | | | |
| | | | |

10. The Postgraduate Degree obtained is belongs to which Subject Stream as per the Appendix III of the Service Minute of the Sri Lanka Ayurveda Medical Service :

11. Other Official Language Proficiency

(i) Sinhala/ Tamil Year :

12. Detail of No pay leave/ Leave without half pay/ Foreign Leave (No pay/ with pay) if obtained :

| Reason for obtaining no pay leave/ half pay/ foreign Leave (No pay/ with pay) | Period of leave | | Number of leave obtained | | |
|---|-----------------|----|--------------------------|--------|-------|
| | From | to | Years | Months | Dates |
| | | | | | |

13. Whether Efficiency Bar Examinations has been passed/ has not been passed :

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14. Has Disciplinary action been taken against you at any occasion within your period of service? (if so)

| Disciplinary Decision | Period of which the Offence occurred as per the Charge Sheet |
|-----------------------|--|
| | |

I certify that the above-mentioned information is true.

Date :

Name :

Signature :

Recommendation of the Head of the Department

The application submitted by Mr./ Mrs./ Miss for promotion to the Administration Grade II of the Sri Lanka Ayurveda Medical Service is submitted herewith, and the information mentioned therein is correct, and that the officer/ lady officer has completed/ has not completed the satisfactory period of service in the immediate preceding 05 years, and a disciplinary action has been taken*/ has not been taken against the officer/ lady officer during the immediate preceding 05 years.

Date :

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Signature of the Head of the Department and Official Seal.

* If a disciplinary action has been taken, that should be mentioned.

* Incomplete applications submitted will be rejected without submitted to the interview, and applications that is not in accordance with the mode application form and incomplete applications will be rejected without notice.