

SPECIMEN APPLICATION

Efficiency Bar Examination of Sri Lanka Ayurvedic Medical Services – 2024

Index No :
(For Office use only)
Medium of Examination
(Write the relevant letter In the cage)
Sinhala -S Tamil-T

01. Name with Initials (Mr. /Mrs./Miss) :-.....
(In English Capital Letters)
02. Name With Initials :-.....
(In Sinhala /Tamil)
03. Name denoted by Initials :-.....
(In English Capital Letters)
04. Name denoted by Initials :-.....
((In Sinhala /Tamil Letters)
05. National Identity Card No. :-

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06. i Name and Address of the Office/
Department/ Institution - (In English Capital Letters) :-
.....
- ii Province of the Office/ Department/ Institute :-
07. i Name and Address of the Office/
Department/ Institution/-In Sinhala / Tamil) :-.....
- ii Telephone No. (official) :-.....
08. i Post :-.....
- ii Number and date of the letter of Appointment :-.....

09. Have you passed one or more subject from any of the following subjects in previous examinations sittings . Financial Regulation / Establishment code / Hospital Management / Oral examination (Tamil/ Sinhala).If so, Index No. Year and Month

| <i>Subjects</i> | <i>Index Number</i> | <i>Year and Month</i> |
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10. Are you sitting the examination for the first time?:-.....

The value of the money paid if not appearing for the exam for the first time.

(Paste the bank receipt, if have)

I declare that the above particulars are true that I am eligible to appear for the examination in the language medium indicated above. I agree to abide the Rules and regulation of this examination.

Date :-.....
Signature of the candidate.

Note :- The candidate should sign in the presence of the head of his/ her Department/ Institute or and officer authorized to sign on behalf of such head of the Department.

Attestation of the signature

I do hereby certify that who forward this application is an officer attached to my office know to me personally, and that he / she placed his or her signature before me on.....

.....
Signature and rubber stamp of the Attester.

Name of the Attester :-

Designation :-

Address :-

Date :-