

STATE MINISTRY OF LIVESTOCK, FARM PROMOTION AND DAIRY & EGG RELATED INDUSTRY

DEPARTMENT OF ANIMAL PRODUCTION AND HEALTH

APPLICATION FOR THE POST OF TECHNICAL OFFICER OF SRI LANKA TECHNOLOGICAL SERVICE GRADE III

Medium selected

--

(Write the relevant number in the cage)

(For office use only)

- Sinhala - 2
- Tamil - 3
- English - 4

01. Name

1.1 Name with initials (in block letters) (Example. SILVA. B.A.) :

1.2 Full Name in Sinhala:

1.3 N.I.C.No. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

02. Address:

2.1 Private Address:

2.2 Official Address:

2.3 The address to which the admission card should be sent:

2.4 Telephone numbers :

Mobile : Fixed :

03. 3.1 Gender (Mark the relevant cage) :

Female	
Male	

3.2 Date of Birth: Year :

--

 Month :

--	--

 Date :

--	--

3.3 Age as at the closing date of the application :

Years :

--

 Months :

--

 Dates :

--

3.4 Civil Status : (Mark the relevant cage)

Married	
Single	

04. Educational Qualifications :

4.1 G.C.E.(A/L): Year : Month :

<i>Subject</i>	<i>Grade</i>	<i>Index No.</i>

4.2 G.C.E.(O/L) : Year : Month :

<i>Subject</i>	<i>Grade</i>	<i>Index No.</i>

4.3 (a) The Institute from where the vocational qualifications obtained :

(b) The year in which the vocational qualifications obtained:

05. The present occupation and the previous posts held (if available):

<i>Post</i>	<i>Institute</i>	<i>From</i>	<i>To</i>

06. The name of the post office to which the examination fees had been paid :

No. of the Money Order :

The examination fee is Rs. 400 and can be paid to any post office in the island
in favour of the Director General, Animal Production and Health.

Paying Office : Peradeniya

Affix the receipt here.

07. I hereby certify that the particulars furnished by me in this application are true and correct . I am also aware that if any of the information furnished by me is found to be false or incorrect, I am liable to be disqualified before selection or to be dismissed without any compensation if such detection is made after appointment.

.....,
Signature of the Applicant.

Date :

Relevant only for officers those who are holding permanent posts in the public service at present.

Certificate of the Head of the Department

I certify that the applicant Mr/Mrs/Miss is serving in this Department as a and foregoing particulars were checked by me and found to be correct. He/ She could / could not be released from the present post held by him/her if selected for the above post.

.....,
Head of the Department.
(Rubber stamp should be placed)

Designation :

Address :

Date :