

**LOGS.LLK**

RECRUITMENT (LIMITED) TO THE POST OF PERFUSIONIST IN GRADE II OF THE  
MINISTRY OF HEALTH - 2021

Medium of Examination :  
(Sinhala - S/English - E/Tamil - T)

District of Residence :

01. 1.1 Name of the Applicant with Initials : Mr./Mrs./Miss .....

(In English Block Capitals)  
Eg : Mr. SILVA A.B

1.2. Name in full : .....

(In English Block Capitals)

1.3. Name in Full : .....

(In Sinhala/Tamil)

02. 2.1. Address (Private) : .....

(In English Block Capitals)

2.2. Address (Private) : .....

(In Sinhala/Tamil)

2.3. Address (Official) : .....

(In English block Capitals)

2.4. Address (Official) : .....

(In Sinhala/Tamil)

(Change of the address should be informed immediately)

2.5. Telephone No. (Personal) : .....

2.6. Telephone No. (Official) : .....

2.7. E-mail Address : .....

03. 3.1. Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Year

Month

Date

3.2. Age as at the closing date of applications : .....Years .....Months .....Days

04. National Identity Card No : .....

05. Gender : .....

06. Qualifications : .....

6.1. Relevant Educational Qualifications : .....

6.2. Professional Qualifications : .....

07. Details of the receipt obtained by paying the examination fee.

- 7.1. Office to which the examination fee was paid : .....
- 7.2. Receipt No. and Date : .....
- 7.3. Amount paid : .....

Affix here the receipt obtained by paying the amount of Rs. 500/- to a Bank of Ceylon branch so as not to be detached.

08. Certification of the Applicant :

I solemnly declare that the information given herein are true and correct. I agree that if any information herein is found to be incorrect or false prior to the selection, my application will be rejected and if so found so after selection, I am liable to be dismissed from service without any compensation.

.....  
Date

.....  
Signature of the applicant

09. Attestation of the signature of the Applicant :

I certify that Mr./Mrs./Miss/ ..... is known to me personally and he/she placed his/her signature in my presence on .....

.....  
Signature of the attestor  
(Official Frank)

Name in full : .....  
Designation : .....  
Address : .....

10. To be filled by the Head of the Department/Institution.

- I. Name of the officer : .....
- II. National Identity Card No. : .....
- III. The post held at the time of application of the examination : .....
- IV. Has a continuous service period of 05 years been completed as at closing date of application ?  
.....
- V. Has a letter of confirmation in the appointment been issued, attach a certified copy of the letter of confirmation : .....
- VI. Have all increments been earned during the period of 05 years immediately prior to the closing date of applications : .....
- VII. Has the candidate been subjected any disciplinary punishment during the period of 05 years immediately prior to the closing date of applications : .....  
(If yes, give particulars)
- VIII. Is there any disciplinary enquiry pending against the candidate ?  
.....  
(If yes, give particulars)
- IX. Has the candidate been convicted by any court of law ? .....  
(If yes, give particulars)

Recommendation of the Head of department/Institute

I certify that the applicant Mr./Mrs./Miss ..... is serving in this Department/Provincial Council/Institute from ..... He/She holds a permanent and pensionable post. He/She has earned all salary increments during the past ..... years and has not been subjected to any disciplinary punishment (except warnings) and all the particulars furnished above were checked referring to the records available at this office and found correct and he/she can/cannot be released from the present post if selected, and he/she placed his/her signature in my presence on .....

.....  
Signature of the Head of Department/Institute.  
(Authenticate with the official frank)