

Specimen form of Application

Recruitment of Graduates to the Post of Speech Therapist Belonging to the Service of Professions Supplementary to Medicine - 2024

(Read the *Gazette* notification carefully before filling the application)

1. (a) Name with Initials:-.....
.....

(In English Block Capitals) E.g. A.B.C.SILVA

(b) Name in Full (In English Block Capitals):-.....
.....

(c) Name in Full (In Sinhala/Tamil):-.....
.....

2. National Identity Card No.: -..... (Attach a Copy)

3. Postal Address: - In Sinhala/Tamil

In English

.....
.....
.....
.....

4. (a) Permanent Address: -In Sinhala/Tamil

In English

.....
.....
.....
.....

(b) Telephone No.:- Mobile
 Fixed

(c) District of Residence :- In Sinhala/Tamil.....In English.....

(d) Are you a permanent resident in this district ? Yes/No:-.....

(e) If “Yes”? How long: -.....

5. Date of Birth: -Year.....Month.....Date.....

Age as at 07.06.2024 Years.....Months.....Days.....

6. Gender: -Female Male (Mark “√” in the relevant cage)

7. Whether a citizen of Sri Lanka: -Yes No (Mark “√” in the relevant cage)

8. Civil Status : -Married Single (Mark “√” in the relevant cage)

9. Educational Qualifications:-

<i>Serial No.</i>	<i>Degree</i>	<i>Class</i>	<i>Grade Point Average (GPA) and Effective Date of the Degree</i>	<i>University</i>	<i>Academic Year</i>

10. Have you ever been convicted for any offense in a court of law? Yes No

(Mark “√” in the relevant cage)

If so, give particulars: -.....

11. Certification of the applicant:-

(a) I declare that I have carefully read and understood the *Gazette* notification and filled the application subject to all the conditions mentioned therein, and the particulars furnished by me in the application are true and correct to the best of my knowledge.

(b) I am aware that if this declaration or any particulars contained in the application are found to be false, I am liable to be dismissed.

Affix the receipt obtained by paying the relevant amount to the credit of the Account of “Health Secretary - Collection of Exam Fees” Number 7041318 of the Bank of Ceylon, Thaprobane Branch.

Date: -.....

.....
 Signature of the Applicant

12. Attestation of the Applicant's Signature:-

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

.....
Date

.....
Signature and official frank of the Attester

Full Name of the Attester: -.....

Designation:-.....

Address: -.....

13. Certification of the Head of Department, if the applicant is in Public Service/Provincial Public Service (Delete irrelevant words)

- i. I hereby certify that the above applicant Mr./Mrs./Miss.....holds the post of..... in this department.
- ii. I hereby certify that the particulars furnished in the above application are true and he/she can/cannot be released if he/she is selected to the post.
- iii. I explained him/her that this is an external recruitment and he/she cannot be reverted in any manner to the post holding at present on completion or without completing the training successfully.

.....
Date

.....
Signature of the Head of Department

Name of the Head of Department: -.....

Designation: -.....

Address: -.....

Official frank of the Head of Department
