

APPLICATION FORM

RECRUITMENT OF TRAINEE DENTAL TECHNICIANS FOR THE TRAINING OF THE
PARA MEDICAL SERVICES – 2021

- READ THE GAZETTE NOTIFICATION PROPERLY BEFORE COMPLETE THE APPLICATION -

1. (a) Name with Initials:
(In English ..Block Capitals):- Ex: A.B.C SILVA

(b) Name in Full (in English Block Letters):
.....

(c) Name in Full (In Sinhala /Tamil):.....
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2. National Identity card No: (a copy should be attached) :

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3. Postal Address: Sinhala /Tamil English
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4. (a) Permanent Address: Sinhala /Tamil English
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.....
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(b) Telephone No. : . Mobile : Land line :

(c) District of Residence: Sinhala /Tamil: English :

(d) Are you Permanent resident in this District: Yes/No :

(e) If “Yes”, since when have you been residing in this district :

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

Age as at 09.07.2021 Years:..... Months : Days :

6. Gender : Female Male (Mark ✓ in the relevant cage)

7. Whether You are a citizen of Sri Lanka: Yes No (Mark ✓ in the relevant cage)

8. Civil Status: Married Unmarried

9. Educational Qualifications :

(a) G. C. E Advanced Level Examination (Attach a certified copy of the A/L result sheet in which the Z- Score is indicated)

District, appeared for the examination:.....

Year of examination:..... Index No. :

Z-Score:..... Subject Stream :

S./No.	Subject	Grade
1		
2		
3		
4		

(b) G.C.E ordinary Level Examination :

S. /No.	Subject	First attempt		Second attempt	
		Year		Year	
		Index No.		Index No.	
		Grade		Grade	
1	Sinhala/Tamil Language				
2	Mathematics				
3	Science				
4	English				
5					
6					
7					
8					
9					
10					
11					
12					

❖ All subjects you appeared for at the G.C.E.(O/L) examination should be mentioned in the table

10. Have you ever been convicted by a court. Yes No (put a '√' in the relevant box)

if it is yes, describe :

.....

11. Certification of the Applicant :

- (a) I solemnly declare that I read carefully and understood the *Gazette* notification, completed this application subject to all conditions therein, and the particulars furnished by me in this application are true and correct to my knowledge.
- (b) I am aware that if this declaration or any particulars contained in this application are found to be false, I am liable to be disqualified and if so found after appointment, I am liable to be dismissed from the service .

Affix the receipt obtained by paying the examination fee to the credit of the Account of "Director General of Health Services Collection of Examination Fees" No. 7041318 of the Bank of Ceylon, Thaprobane branch, so as not to be detached

Date:.....

.....
Signature of the Applicant.

12. Attestation of the Signature of the Candidate :

I certify that Mr./Mrs./Misswho submits this application is personally known to me and that she placed her signature in my presence.

Date

.....
Signature of the Attestor.

Full Name of the attestor :.....

Post :.....

Official frank of the attestor :.....

Address :.....

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