

08. Are you a citizen of Sri Lanka :———.
09. Ethnicity (Sinhala/Sri Lanka Tamil/Indian Tamil/Muslim/Others) :———.
10. (a) Sex :———.
- (b) Married/Single/Widower :———.
11. Educational Qualifications :

<i>Name of Degree/Postgraduate Qualification</i>	<i>Class</i>	<i>University</i>	<i>Year</i>
1.			
2.			
3.			

12. No. and the date of the registration at the Veterinary Council of Sri Lanka :———.
13. Present occupation and the posts held (should state the reasons for resignation or vacation of Post) :

<i>Post</i>	<i>From To</i>	<i>Reasons for Resignation</i>
1.		
2.		
3.		
4.		

14. Do you apply for more than one post, if so give the preferences according to the order which will be considered at the selections :

- (i)
- (ii)
- (iii)

15. Only the Officers who have gained qualifications under 8 should fill :

15.1

<i>Present Post</i>	<i>Place of work and provincial Council</i>	<i>Date of appointment to Class I of Sri Lanka Technical Service</i>	<i>Date of appointment to the Special Class Sri Lanka Technical Service</i>

15.2 If the candidate is a degree holder in animal husbandry/agirculture,

Name of degree :_____.

Year of graduation :_____.

Total years of service in the present positon :_____.

16. I hereby certify that the particulars furnished by me in this application are true and correct. I am also aware that if the particulars contained herein are found to be false or incorrect, I am liable for disqualification, before the selection and to dismissed without any compensation to me if the inaccuracy is detected after the appointment. I also certify that I have not been convicted for any criminal offence in a court of law.

Signature of the Applicant.

Date :_____.

If the Applicant is an employee of Public/Provincial Service the recommendation of the Head of the Department

I hereby certify that the above mentioned applicant Mr./Mrs./Miss. as a
..... in this Department.

I Certify that the particulars furnished by him/her in the application are correct and if he/she is selected for the above post he/she can be/cannot be released. (Delete the words inapplicable).

Signature of the Head of Department
(Name and Departmental Seal)

Name :_____.

Designation :_____.

Address :_____.

Date :_____.

No. of the Money order :_____.

Date :_____.

Post Office :_____.

Note : Money order should be affixed here properly.

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