Specimen Format of Application

Recruitment (Open) to the Post of Psychologist in Grade II of of the Ministry of Health and Mass Media - 2026

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) Ex: 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

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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 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.1000/= to a Bank of Ceylon branch so as not to be detached.

08. Certification of the Applicant:

I hereby declare that all the information provided by me in this application is true and correct, that all the parts have been duly completed and that I am aware that I will be subject to disqualification if this declaration is found to be untrue prior to my selection and dismissal if such a situation is discovered after the selection.

....

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 Attester.

(Official frank)

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

10. Certificate of the Head of Department / Institute (Applicable only for the officers in the Public Service or Provincial Public Service)

This applicant Mr. /Mrs. /Miss.....has been serving in this Department / Provincial Council / Institute since..... I hereby state that he / she can /cannot be released from the current post if selected, and I certify that he /she placed his / her signature in my presence.

.....

Signature of the Head of Department / Institute.

Name .....

Designation.....

Date.....

Department/Institute.....

(Authenticate with the official frank).....