

10. Educational Qualifications :

(I) G.C.E. (Advanced Level) Examination Results (in one sitting) :

Index No : Year :

| Subject | Grade | Subject | Grade |
|---------|-------|---------|-------|
| | | | |
| | | | |

(II) G.C.E. (Ordinary Level) Examination Results :

Index No : Year :

| Subject | Grade | Subject | Grade |
|-----------------|-------|-------------|-------|
| English | | Science | |
| Sinhala / Tamil | | Mathematics | |

11. (I) Past employment records : -

| Institution | Designation | From | To |
|-------------|-------------|------|----|
| | | | |
| | | | |
| | | | |
| | | | |

(II) Professional Qualifications / Other Qualifications : -

| Examination | Year | Institution | Pass/Grade |
|-------------|------|-------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

12. Have you ever been convicted in a court of law for criminal offence?

If so, furnish particulars of such conviction and penalty imposed.

13. Registration at Sri Lanka Medical Council (SLMC) / Sri Lanka Nursing Council (SLNC) :

Reg. No : Date :

14. Certified copies to be forwarded along with the application form

| <u>Attachments</u> | <u>√</u> |
|--|----------|
| a) Certified copy of Birth Certificate | |
| b) Certified copy of National Identity Card | |
| c) Certified copies of Educational Certificates | |
| d) Certified copy of Certificate of Registration Sri Lanka Medical Council (SLMC) / Sri Lanka Nursing Council (SLNC) | |

15. Declaration by Applicant :

I hereby certify that the particulars given by me in this application are true and accurate. If any information is found to be incomplete or incorrect, I am fully aware that my application will be rejected or if found later, my studentship will be discontinued and liable to recover the charges and other expenses whatsoever applicable according to the bond and agreement.

I am aware that by virtue of this training, I have no right to demand for a higher post. Although I have completed the course, I have no right to claim additional benefits from the department.

I am also aware that in case if I am selected for the above course, I shall enter into an agreement and a bond with the Director General of Health Services/ Secretary to the relevant Provincial Council as stipulated in the said advertisement.

Date :

.....
Signature of Applicant

Certificate of the Head of the Institution :

I certify that particulars given by Mr / Mrs /Miss
(Designation) are correct and his/ her work and
conduct of this applicant is If selected, he/she could be
released to follow BSc (Hons) Nursing/ Medical Laboratory Sciences / Physiotherapy/
Radiography/ Radiotherapy/Bachelor of Pharmacy (Hons) Degree course conducted by the
General Sir John Kotelawala Defence University.

Date :

.....
Signature of Head of Institution
(Rubber Stamp)

Certificate of the Regional Director of Health Service (for Provincial Applicants)

I certify that particulars given by Mr / Mrs /Miss
(Designation) are correct and his/ her work and
conduct of this applicant is If selected, he/she could be
released to follow BSc (Hons) Nursing/ Medical Laboratory Sciences / Physiotherapy/
Radiography/ Radiotherapy/Bachelor of Pharmacy (Hons) Degree course conducted by the
General Sir John Kotelawala Defence University.

Date :

.....
Signature of RDHS (Rubber Stamp)

Certificate of the Provincial Director of Health Service (for Provincial Applicants)

I certify that particulars given by Mr / Mrs /Miss
(Designation) are correct and his/ her work and
conduct of this applicant is If selected, he/she could be
released to follow BSc (Hons) Nursing/ Medical Laboratory Sciences / Physiotherapy/
Radiography/ Radiotherapy/Bachelor of Pharmacy (Hons) Degree course conducted by the
General Sir John Kotelawala Defence University.

Date :

.....
Signature of PDHS (Rubber Stamp)