Open Competitive Examination for Recruitment to the Post of Electro-Medical Technician Grade III in the Management Assistant Technical Segment – 03 Service Category of the Ministry of Health and Mass Media – 2026

Medium of Examination: ☐ District of Permanent Residence: ☐

(Sinhala – S, Tamil – T, English – E)
(Write the relevant English letter in the box.)

01.

(i) Name with Initials:
.....
(In Sinhala/Tamil)

(ii) Full Name:
.....
.....
(In Sinhala/Tamil)

(iii) Name with Initials: Mr./Mrs./Miss
.....
(In English Capital Letters)
Example: Mr./~~Mrs./Miss~~. SILVA A.B.

(iv) Full Name:
.....
.....
(In English Capital Letters)

02. Address :

I. Permanent Address:
.....
(In English Capital Letters)

II. Permanent Address:
.....
(In Sinhala/Tamil)

03. Date of Birth:

Year					Month			Date		

3.1. Age as at the Closing Date for Applications:

Years					Months			Days		

04. National Identity Card Number: .....

05. Telephone Number: Personal (Mobile): .....WhatsApp: .....

06. Email Address:.....

07. Gender: Female ☐ Male ☐

08. Whether a Citizen of Sri Lanka: Yes ☐ No ☐

09. Marital Status: .....

10. Educational Qualifications:

(a) General Certificate of Education (Ordinary Level) Examination:
Year: ..... Index Number: .....

S/N	*Subject*	*Grade*
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

(b) Details of Vocational and Industrial Qualifications

Certificate	*Issuing Institution*	*Year*	*Subjects*

(Attach certified copies of the certificates relating to the Vocational and Industrial qualifications.)

(c) Other Special Qualifications and Experience:
.....
.....

11. Service History :
I. Have you previously held a post in the Public Service:.....
II. If yes, the post held: .....
III. Service station: .....
IV. Date of Appointment: .....
V. Date of resignation: .....
VI. Reason for resignation: .....

12. Have you ever been convicted of any criminal offence by a court?
(If yes, provide details):
.....
.....

13. Details of the Receipt for Payment of Examination Fee:
I. Office at which the Examination Fee was Paid:.....
II. Amount Paid:.....

Affix the receipt obtained upon payment of Rs. 1,000.00 at a Branch of the Bank of Ceylon here firmly.(It will be useful to retain a photocopy of the application and the receipt for future reference.)

14. Declaration of the Applicant:
I hereby solemnly declare that the information furnished by me in this application is true and accurate. I acknowledge that if any information contained herein is found to be false or inaccurate, my application will be cancelled if such fact is discovered before selection, and if discovered after selection, I will be dismissed from service without any compensation and subject to the relevant legal action.

Date: ....,
Signature of the Applicant.

15. Certification of the Applicant's Signature:

I certify that Mr./Mrs./Miss ..... who submits this application is personally known to me and that he/she signed this application in my presence on .....

.....
Signature of the Certifying Officer

Full Name of the Certifying Officer: .....
Designation: .....
Address: .....
(To be authenticated with the official seal)

16. This section is applicable only to officers currently serving in the Public Service, Provincial Public Service who have fulfilled the basic qualifications specified in the *Gazette* Notification.

16.1. Details to be completed by the Head of the Department/Institution:

(i.) Name of the Officer: .....
(ii.) Permanent service station and Address:.....
(iii.) Telephone Number of the Permanent service station: .....
(iv.) National Identity Card Number of the Officer: .....
(v.) Post held at the time of applying for the examination:.....
(vi.) Date of appointment to the said post:.....
(vii.) Has the officer been confirmed in the said post? (If "Yes", state the date of confirmation.)
.....
(viii.) Has the officer been subjected to any disciplinary punishment during the period of service? (If "Yes", provide details.)
.....
(ix.) Is the officer currently subject to any disciplinary punishment? (If "Yes", provide details.)
.....
(x.) Is any disciplinary inquiry currently being conducted against the officer? (If "Yes", provide details.)
.....

I hereby certify that Mr./Mrs./Miss ..... the above applicant has been serving in this institution as ..... (state the post) from ..... and holds a permanent pensionable post.
I further certify that all the information stated above has been verified against the records available at this office and found to be correct and that, if selected for this post, he/she will be released / will not be released from the post currently held.

.....
Signature of the Head of the Department/Institution.

Name: .....
Designation: .....
Date: .....
Department/Institution: .....
(To be authenticated with the official rubber stamp)