

Application for a Post of Grade II Dental Surgeon
Ministry of Health

Office use only Rank number..... Station assigned..... Checked by..... Authorized by.....
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Name in Full

If the name mentioned above is different from the name appear in the merit list provided by the Faculty of Dental Sciences, Peradeniya or SLMC Registration Certificate, please provide documentary proof/ affidavit for the change

National Identity Card No

Year & Month of Graduation.....

SLMC Registration No.....

Home Address.....

Contact Telephone No.....

Category 4a 4b 4c 4d Please mark

I here by declare that I am/ I am not a trainee in post graduate studies at Post Graduate Institute of Medicine, Colombo. (Such candidates should forward their applications through Director/ PGIM with a declaration that she/he can be released, if selected and stay in the government service for period of one year)

I certify that above stated information and facts are true and correct. I am aware that the order of preference for stations mentioned above cannot be changed under any circumstances, after the closing date for application. I am aware that if any information provided by me is found to be untrue/incorrect my application will be rejected.

.....
Signature of Applicant

.....
Date

Please mark your preferences for the introductory training program for three months in sheet 1 and proper stations in Sheet 11 as per below sheets. Please number the sheets and place your signature in every sheet

Preferences for Introductory Training Program for Three Months - Sheet 1

Preference	Station No	Station
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Preferences for proper station Sheet 11

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