

WEB FILE NO	
RECEIVED DATE	

**FILLING OF VACANCIES IN THE POSTS OF
SENIOR MEDICAL ADMINISTRATIVE GRADE - 2026**

1. (i) Name of the Officer (with initials):
- (ii) Name in full:
-
2. (i) Permanent Post and Station assigned to Deputy Medical Administrative Grade:
- (ii) Current Post and Station:
-
3. Address :
- (i) Official:
-
- (ii) Private:
-
-
4. (i) Date of Birth:
- (ii) Age: Years: Months: Days:
5. Gender:
6. National Identity Card Number:
7. Telephone Number: Home: Mobile:
8. Email Address:
9. (i) Date of Appointment to the Preliminary Grade: -
- (ii) Date of Appointment to the Grade II: -
- (iii) Date of Appointment to the Grade I: -
- (iii) Date of Appointment to Deputy Administrative Grade: -
10. Internship Merit:
11. Educational Qualifications:
-
-
-
-
-

12. No pay leave details

No	Start date	End date	Period	Reason

13. Acting / Attending to duties in a post in Senior Medical Administrative Grade approved by the formal appointing authority.

Duty Type (Acting / Attending to duties)	Date of Start	Date of Completion	Institution	Post	Appointing Authority

14. Whether you have been subjected to a disciplinary action at any time, during the period of your service? Yes No

If Yes please give brief detail:-.....

15. Preferred positions in chronological order (Please fill adequate number of vacancies)

Serial No.	Order of Preference

Note:

I do certify that the information furnished by me in this application is true and correct. And, I agree to accept all terms and conditions mentioned in the circular issued in calling applications and the Medical Service Minute of Sri Lanka Health Service published in the Gazette (Extraordinary) No: 1883/17 dated 11.10.2014 and subsequent amendments.

And, I am aware that if I am selected I will be appointed to one of the transferable posts in Senior Medical Administrative Grade indicated in Appendix I in the first instance according to the criteria mentioned in the circular.

..... Name of the Applicant Signature Date
--------------------------------	--------------------	---------------

Recommendation and observations of Head of the Institution:

.....
.....

..... Signature of Head of the Institution Date
---	---------------

Recommendation and observations of Provincial Health Secretary:

.....
.....

..... Signature Date
--------------------	---------------