



**Sample application form**  
**Obtaining Municipal Analyst service on Labor Outsourcing Basis for the Health Department**  
**of Kandy Municipal Council**

01. The local government body to which the applicant belongs:.....

02. (a) Name with initials (in Sinhala) : .....

(b) Full name (in Sinhala) : .....

(c) Full name (in English capital letters): .....

03. National Identity Card Number

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04. Date of Birth:- Year: ..... Month: ..... Date: .....

05. Age as of the closing date for applications (06.06.2025) Years..... Months.... Days.....

06. Gender : .....

07. Civil Status : .....

08. Permanent Address : .....

09. Telephone No. : .....

10. Whether a Sri Lankan Citizen?:.....

If so, by descent or by registration? .....

11. Educational Qualifications

11. (I) G.C.E. (Ordinary Level) Examination 11. (II) G.C.E. (Advanced Level) Examination

Year : .....

Admission No.: .....

| Index No. | Subject | Grade obtained |
|-----------|---------|----------------|
| 01        |         |                |
| 02        |         |                |
| 03        |         |                |
| 04        |         |                |
| 05        |         |                |
| 06        |         |                |
| 07        |         |                |
| 08        |         |                |
| 09        |         |                |
| 10        |         |                |

Year : .....

Admission No : .....

| Index No. | Subject | Grade obtained |
|-----------|---------|----------------|
| 01        |         |                |
| 02        |         |                |
| 03        |         |                |
| 04        |         |                |

11. (III) Information on the Degree obtained

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11. (IV) Postgraduate/Diploma

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12. Professional qualifications and work experience:

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13. Certification of Applicant:

I hereby certify that the information provided above is true and correct. I am clearly aware that if any of the above information is found to be false before my selection, I will be disqualified for appointment and if found to be false after selection, I will be liable to immediate dismissal without any compensation.

Date : .....

.....  
Applicant's signature