## PERSONAL DATA SHEET

* Please read the instructions lea	aflet before filling the form. Photograph
Please fill in BLOCK letters Please cross out the irrelev	
SERVICE: SLAS/TS/LS/PMAS/Dri	vers /OES
Appointment Letter No: Combined Service Personal File Number:	
Personal Information	
<b>1. Name</b> 1.1 Prefix/Title: 1.2 Last Name:	Mr. Mrs. Ms.
1.3 Initials: 1.4 Names Denoted by the	
Initials:	
2. Gender:	Male Female
3. Birth Information	
3.1 Date of Birth: (YYYYMMDD)	
3.2 Place of Birth:	
4. Civil Status Information	
4.1 Marital Status:	Married Single Divorced Widowed
4.2 Married Date (YYYYMMDD):	
5. ID Card Information	
5.1 NIC Number:	
5.2 NIC Issue Date (YYYYMMDD):	

6. Passport Number:								
		C ri						
7. Ethnicity:	Sinhalese	Sri Lankan Tamil	Indian Tamil	Sri Lankan Moor	Burgher	Malay	Other	
8. Religion:	Buddhist	Hindu	Islam	Roma Catho		hristian	Other Religions	;

9. Private Addresses	
9.1 Permanent Address	
Information 9.1.1 Permanent Address:	
9.1.1 Fermanent Address.	
9.1.2 City/Town:	
9.1.3 Divisional Secretariat:	
9.1.4 District:	
9.1.5 Postal Code:	
9.1.6 Telephone:	
9.1.7 Fax:	
9.1.8 Mobile:	
3.1.0 MODILE.	
9.1.9 Personal E-mail:	
9.2 Temporary Address	
Information 9.2.1 Temporary Address	
9.2.2 City/Town:	
9.2.3 Divisional Secretariat:	
9.2.4 District:	
9.2.5 Postal Code:	
9.2.6 Telephone:	

10. Emergency Information										
10.1 Contact Person Name:										]
										-
										]
10.2 Relationship to Employee:										٦
						-				_
10.3 Address of Emergency										
Contact Person:			 		 	 				 _
			 		 	 				-
10.4 Home T. P. No:	1									
10.5 Official T. P. No:										
10.6 Mobile No:										

11. Employee Family/D 11.1 Spouse's I	ependent Inf nformation	formati	ion									
Name with initials	Date of YYYY:N		Employment Information									
	1111.10		Ministry/D	epartment/Comp	Cit	ty/District						
11.2 Dependent		) (Child	Iren and Bloc	d Relatives)		<u> </u>						
Name	Relationshi	ip Da	ate of Birth	School Info	ormati	on	Any Kind of					
		YY	YYY:MM:DD	Name of the School	City	/District	Special Sickness					

12. Official Information	
12.1 Name as per the	
Appointment Letter	
12.1.1 Initials:	
12.1.2 Last Name/s:	
12.1.3 Has the name been changed?	Yes       No       12.1.4 If "Yes", has the approval been obtained under Treasury Circular 394?         Yes       No
12.2 Public Service	
12.2.1 Appointment Date to Public Service (YYYYMMDD): 12.2.2 Date Assumed Duty (YYYYMMDD):	
12.3 Current Service	
12.3.1 Appointment Date to Current Service (YYYYMMDD):	
12.3.2 Date Assumed Duty in Current Service (YYYYMMDD):	
12.3.3 Method of Recruitment to Current Service:	Absorption     Merit     Open     Limited     Other       If Other, please specify:
12.3.4 Medium of Recruitment:	Sinhala Tamil English
12.4 Confirmed:	Yes No
12.5 Probation Period Extension Information	
12.5.1 Is Extended? (if relevant)	Yes No
12.5.2 Under Which Clause E. II was the Probation Extended?	15.5.1 11.9 11.10
12.5.3 The Period the Probation was extended under the clause E.II 11.10:	From Date     To Date       (YYYY:MM:DD     (YYYY:MM:DD)

1 Service	2 Grade	3 Exam Details	4 Joined/ Promotion Date	5 Backdated Date (YYYY:MM:DD)	6 Exam (EB/Typing) Completed /Released Date (YYYY:MM:DD)
	Class 1	-			
	Class ii/i	Interview			
SLAS		Dip. In G. Mgt			
		Second Language			
	Class ii/ii	EB 2			
		EB 1			
	Special Class	-			
TS		Prom.E/Service			
	Class 1	EB 1			
	Super Gd.	-			
Librarian	Class i	-			
	Class ii	EB			
	Class iii	EB			
PMAS	Super Gd.	Supra-Exam			
i. GCS ii. Typist	Class i	EB			
iii. Steno iii. SK iv. BK	Class ii	EB			
v. Shroff	Class iii	Typing Test			
	Class 1	-			
OES (KKS)	Class 2	-			
	Class 3	EB			
	Class 1	_			
Drivers	Class 2.b	EB			

14. Employee Salary																			
Information																	<u> </u>	<u> </u>	
14.1 Designation:															Ē _	_  _	-   _		
												$\top$	Τ		$\square$	$\top$	$\top$		
14.2 Class:			1			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1		1						
14.3 Grade(Segment)																			
14.4 Salary Scale							_												
14.5 Basic Salary (Annual):																			
14.6 Increment Date (MMDD):																			
15 Contributing to W&OP:	Yes If "Ye		No V&C	] )P N	umb	er:										1_	Τ_	Τ_	 
			<u> </u>			<u> </u>				· · ·	<u> </u>								سا <b>سر</b> 
16. Status of Appointment:				inent nabl				rmar PSP	nent, 'F		F	'erm		ent, Pen			butor	у	
			_	_		_		_									and the second s	and the second s	_
															_				
17. Workplace Information						I	1	[	1	1	1			<u> </u>					1
<b>17. Workplace Information</b> 17.1 Provincial Council:														<b>—</b> —	_				]
																			]
	(Prov	vinci									mple	ted	onl	y b	y S		S of	ficer	   
17.1 Provincial Council:	(Prov who	vinci									mple	ted	onl	y b'	y s	SLA:	S off	ficer	] ] <b>′s</b>
		vinci									mple	ted	onl	y b'	y s	3LA:	S off	fice	] ] /s
17.1 Provincial Council:		vinci									mple	ted	onl	y b	y s	SLA:	S of	fice	       
17.1 Provincial Council:		vinci									mple	ted	onl	y b	y S	SLA:	S of	fice	] ] ]
17.1 Provincial Council:		vinci									mple	ted	onl	y b	y s	SLA:	S of	fice	       
17.1 Provincial Council: 17.2 Ministry:		vinci									mple	ted		y b	y s	SLA:	S of	fice	       
<ul><li>17.1 Provincial Council:</li><li>17.2 Ministry:</li><li>17.3 Department:</li></ul>		vinci									mple	ted		y b	y s	3LA:	S of	fice	           
17.1 Provincial Council: 17.2 Ministry:		vinci												y b	y s		S of		           
<ul><li>17.1 Provincial Council:</li><li>17.2 Ministry:</li><li>17.3 Department:</li><li>17.4 Sub Office:</li></ul>		vinci												y b	y s		S of		] ] ] ] ]
<ul><li>17.1 Provincial Council:</li><li>17.2 Ministry:</li><li>17.3 Department:</li></ul>		vinci												y b	y s		S of		<b>s</b>
<ul><li>17.1 Provincial Council:</li><li>17.2 Ministry:</li><li>17.3 Department:</li><li>17.4 Sub Office:</li></ul>		vinci												y b			S of		               
<ul><li>17.1 Provincial Council:</li><li>17.2 Ministry:</li><li>17.3 Department:</li><li>17.4 Sub Office:</li></ul>		vinci												y b			S of		rs ]
<ul><li>17.1 Provincial Council:</li><li>17.2 Ministry:</li><li>17.3 Department:</li><li>17.4 Sub Office:</li><li>17.5 Institution:</li></ul>	who	vinci												y b			S of		             
<ul><li>17.1 Provincial Council:</li><li>17.2 Ministry:</li><li>17.3 Department:</li><li>17.4 Sub Office:</li><li>17.5 Institution:</li></ul>	who	vinci are												y b			S of		             
<ul> <li>17.1 Provincial Council:</li> <li>17.2 Ministry:</li> <li>17.3 Department:</li> <li>17.4 Sub Office:</li> <li>17.5 Institution:</li> <li>17.6 Official Phone:</li> </ul>	who	vinci are															S of		                 

Ministry/Department/Institute/Sub Office	Designation	District	From Date (YYYY:MM:DD)	To Date (YYYY:MM:DD
			(YYYY:MM:DD)	(YYYY:MM:DD

19. Educational Qualifications							
19.1 Highest Educational Qualification:	8 <sup>th</sup> Grade	O/L	A/L	Degree	Masters		
<b>19.2</b> Only to be filled by the OES/Drivers							
19.2.1 School/Institute – 8 <sup>th</sup> Grade:							
19.2.2 Year – 8 <sup>th</sup> grade:							
19.2.3 Comments:							
						4	

20. Ordinary Level Qualifications	1		
Name of the School/Institute:			
Attempt 1	Year	Attempt 2 Yea	
Index Number:		Index Number:	
Subjects	Grade	Subjects	Grade
			1
			+
			+
<u>ا</u>			
			1

21. Advance Level Qualification	IS												
Name of the													
School/Institute:													
Attempt 1	Yea	r V V	V V	/	Atten	npt 2				Y	∕ear ∨	V	V
Index Number:					Index	Num	ber:	,,		1			1
Subjects		Grad	de				Sub	ojects	;			Gra	de

22. Higher Education (Masters/Post Graduate Diploma/Degree/Higher Diploma/Diploma)			
Qualification Stream	Institute/University	Status	Year
	Qualification	Qualification Institute/University	Qualification Institute/University Status

23. Professional Qualifications (FCA/CIMA/CIM/ACCA/ICASL/ICSA/BCS)				
Qualification Name	Qualification Stream	Institute/University	Status	Year
		·		

24. Language Proficiency					
Language	Reading	Writing	Speech	Highest Examination Passed	Date Achieved (YYYYMMDD)
Sinhala	1 2 3	1 2 3	1 2 3		
Tamil	1 2 3	1 2 3	1 2 3		
English	1 2 3	1 2 3	1 2 3		
Other	1 2 3	1 2 3	1 2 3		
1 = Excellent $2 = Average$ $3 = Poor$					

25. Drivers Information	(To be filled only by the Drivers)
25.1 Driving license Number:	
25.2 Date Issued (YYYYMMDD):	
25.3 Date of Expiry (YYYYMMDD):	
25.4 Class of Motor Vehicle:	

26. Translators Language Information (To be filled only by the Translators)				
Languages Qualified for	Sinhala/Tamil	Sinhala/English	Tamil/Sinhala	Tamil/English
Translating:				

<b>27. Verification of Information</b> (To be filled by the PMAS Officer who handles the personal files)
Director General of Combined Service
Mr / Mrs / Miss
is serving in this office. I hereby certify that the particulars specified in the above application have been checked with the personal file and found to be correct. Accordingly, the application is forwarded herewith.
Name of Subject Officer:
Date: Signature:
28. Verification of Information (To be filled by the Employee)
I do hereby certify that the particulars specified by the PMAS Officer (who handles my personal file) in this form are true and correct.
Name of Employee:
Date: Signature:

29. For Office Use Only	
Data Entered by:	
Date:	Signature:
Data Validated bu	
Date:	Signature: