PERSONAL DATA SHEET

* Please read the instructions leaflet before filling the form. Passport Size Photograph Please fill in BLOCK letters. Please cross out the irrelevant cages. Size: 3.5 cm x 4.5 cm SERVICE: SLAS/TS/LS/PMAS/SLICTS/Drivers /OES Appointment Letter No: Combined Service Personal File Number: **Personal Information** 1. Name Mr. Mrs. Ms. 1.1 Prefix/Title: 1.2 Last Name: 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 Married Single Divorced Widowed 4.1 Marital Status: 4.2 Married Date (YYYYMMDD): 5. ID Card Information 5.1 NIC Number:

5.2 NIC Issue Date (YYYYMMDD):

6. Passport Number:	T	T		T	Т	TT	T					
								-	-			
7. Ethnicity:	Sinha	ılese	Sri Lanka Tam	an	Indian Tamil	Lan Mo		Burgl	her	Malay	Other	
8. Religion:	Bude	dhist	Hir	ndu	Islan		Roma		Ch	ristian	Other Religion	
9. Private Addresses 9.1 Permanent Address		-								-		
Information												,
9.1.1 Permanent Address:		-	-				+	-	-			
				-		++	+		+			
9.1.2 City/Town:							\dagger		+			
9.1.3 Divisional Secretariat:		T					T	TT	丁			
9.1.4 District:											T	
9.1.5 Postal Code:												
9.1.6 Telephone:		I		I			I					
9.1.7 Fax:				I			I					
9.1.8 Mobile:			1 [T			T	T	7			
9.1.9 Personal E-mail:								T T				
							+					
9.2 Temporary Address Information												
9.2.1 Temporary Address		III					T	TI				
							+	-	+	-	-	
9.2.2 City/Town:					-		+		+			
							_					
9.2.3 Divisional Secretariat:							+		-			
9.2.4 District:							_					
5.2.4 District.												
9.2.5 Postal Code:												
9.2.6 Telephone:		I										

0.2 Relationship to Employee: 0.3 Address of Emergency Contact Person: 0.4 Home T. P. No: 0.5 Official T. P. No: 0.6 Mobile No: 11. Employee Family/Dependent Information 11.1 Spouse's Information Name with initials Date of Birth YYYY:MM:DD Ministry/Department/Company City/District	11.1 Spouse's Info	Date of Bi	rth				ormatio		y/Dis	trict	
0.3 Address of Emergency Contact Person: 0.4 Home T. P. No: 0.5 Official T. P. No: 0.6 Mobile No: 11. Employee Family/Dependent Information 11.1 Spouse's Information	11.1 Spouse's Info	rmation	T	n							
0.3 Address of Emergency ontact Person: 0.4 Home T. P. No: 0.5 Official T. P. No:											
0.3 Address of Emergency ontact Person:	0.6 Mobile No:										
0.3 Address of Emergency ontact Person:	0.5 Official T. P. No:										
0.3 Address of Emergency	0.4 Home T. P. No:										
0.2 Relationship to Employee:											271
	0.2 Relationship to Employe	e:									
	0.2 Relationship to Employe	e:	T			П		Т	T	П	

10. Emergency Information10.1 Contact Person Name:

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	Market and to asset
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)

13. Exam & Promotion Information

1 Service	2 Grade	3 Exam Details	4 Jointed/Promotion Date	5 Backdated Date (YYYY:MM:DD)	6 Exam (EB/Typing) Completed/Released Date(YYYY:MM:DD)
SLICTS	Class1	EB1			
	Grade III	Second Language			
	Grade II				
	Grade I				
	Class 2	EB1			
	Grade II	Second Language			100000
	Grade I				
	Class	EB1			
	3 Grade III	Second Language			200-E1 62 ME
	Grade II				

14. Employee Salary Information									
14.1 Designation:		T							
14.2 Class:									
14.3 Grade(Segment)									
14.4 Salary Scale									
14.5 Basic Salary (Annual):						Face S	1 11		
14.6 Increment Date (MMDD):									
15 Contributing to W&OP:	Yes If "Yes"	No W&OP	Number						
16. Status of Appointment:		ermane ensiona			nanent, SPF	Per		, Contrib	outory
17. Workplace Information									
17.1 Provincial Council:									
	(Proving	cial Cor	uncil Info	rmation i	s to be	completed	only b	y SLAS	6 officers
17.2 Ministry:									
17.3 Department:				2					
17.5 Department.									
17.4 Sub Office:									
17.5 Institution:									
17.6 Official Phone:									
	Extens	sion:							
7.7 Fax:									
17.8 Email:									

Ministry/Department/Institute/Sub Office	Designation	District	From Date (YYYY:MM:DD)	To Date (YYYY:MM:DD
				Service of the servic
				7-1

9.1 Highest Educational Qualification:	Grade	O/L	A/L	Degree	Masters		
9.2 Only to be filled by the OES/Drivers							
9.2.1 School/Institute – 8 th Grade:							
9.2.2 Year – 8 th grade:							
9.2.3 Comments:							
20. Ordinary Level Qual	ifications						
Name of the	Г					T	
School/Institute:							
Attempt 1		Year		Atten	ant 2	Year	
Index Number:		YY	YY		Number:	YY	YY
index Number.				IIIdex	Number.		
Subjects		G	irade		Subjects		Grade
					- A		

19. Educational Qualifications

lame of the				
School/Institute:				
attempt 1	Year	Attempt 2	Year	
	YY	YY	Y	YY
ndex Number:		Index Number:		
Subjects	Gra	ade Subje	ects	Grade
2 Higher Education (Maeters/Poet Gradu	ate Diploma/Degree/Higher D	Diploma/Diploma)	
Qualification Name	Qualification	Institute/University	Status	
	Stream			Year
				Year
				Year
1				Year
				Year
3. Professional Qualit	fications (FCA/CIMA	/CIM/ACCA/ICASL/ICSA/BCS	5)	Year
3. Professional Qualif	fications (FCA/CIMA	/CIM/ACCA/ICASL/ICSA/BCS	S) Status	Year

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		

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 b	oe filled only by the	e Translators)	
Languages Qualified for Translating:	Sinhala/Tamil	Sinhala/English	Tamil/Sinhala	Tamil/English
Translating.	THE STAFF SHIPS	DER GOMESTICK		

27. Verification of Information (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:
20 Fee Office Hee Only
29. For Office Use Only
Data Entered by:
Date: Signature: Signature:
Data Validated by:
Date: Signature: