

PERSONAL DATA SHEET

* Please read the instructions leaflet before filling the form.
Please fill in BLOCK letters.
Please cross out the irrelevant cages.

SERVICE: SLAS/TS/LS/PMAS/SLICTS/Drivers /OES

Appointment Letter No:

[illegible]

Combined Service

Personal File Number:

[illegible]

Passport Size Photograph

Size:
3.5 cm x 4.5 cm

Personal Information

1. Name

Mr.	Mrs.	Ms.
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1.1 Prefix/Title:

[illegible]

1.2 Last Name:

[illegible]

1.3 Initials:

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1.4 Names Denoted by the Initials:

[illegible]

2. Gender:

Male	Female	
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3. Birth Information

3.1 Date of Birth: (YYYYMMDD)

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3.2 Place of Birth:

[illegible]

4. Civil Status Information

4.1 Marital Status:

Married	Single	Divorced	Widowed
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4.2 Married Date
(YYYYMMDD):

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5. ID Card Information

5.1 NIC Number:

[illegible]

5.2 NIC Issue Date
(YYYYMMDD):

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6. Passport Number:																				
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7. Ethnicity:	Sinhalese	Sri Lankan Tamil	Indian Tamil	Sri Lankan Moor	Burgher	Malay	Other	
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8. Religion:	Buddhist	Hindu	Islam	Roman Catholic	Christian	Other Religions	
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9. Private Addresses

9.1 Permanent Address Information	
9.1.1 Permanent 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:	
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:	

[illegible]

11.1 Spouse's Information				
Name with initials	Date of Birth YYYY:MM:DD	Employment Information		
		Ministry/Department/Company	City/District	

11.2 Dependent Information (Children and Blood Relatives)					
Name	Relationship	Date of Birth YYYY:MM:DD	School Information		Any Kind of Special Sickness
			Name of the School	City/District	

12.1 Name as per the Appointment Letter

□ □ □ □ □ □ □ □ □ □ □ □ □ □

[illegible]

Yes	No
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Other, please specify:

Sinhala	Tamil	English
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Yes	No
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Yes	No
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15.5.1	11.9	11.10
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From Date (YYYY:MM:DD)							To Date (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			
	Grade I				
	Class 3	EB1			
	Grade III	Second Language			
	Grade II				

14.1 Designation:

14.2 Class:

14.3 Grade(Segment)

14.4 Salary Scale

14.5 Basic Salary (Annual):

14.6 Increment Date (MMDD):

15 Contributing to W&OP:

Yes	No
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16. Status of Appointment:

Permanent,
Pensionable

Permanent, Contributory Pension

17. Workplace Information

(Provincial Council Information is to be completed **only** by SLAS officers who are attached to **Provincial Councils**)

17.2 Ministry:

17.3 Department:

17.4 Sub Office:

17.5 Institution:

17.6 Official Phone:

Extension:

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7.7 Fax:

17.8 Email:

18. Service Records (Start from the first appointment to the public service)

[illegible]

19. Educational Qualifications																			
19.1 Highest Educational Qualification:		8 th Grade	O/L	A/L	Degree	Masters													
19.2 Only to be filled by the OES/Drivers 19.2.1 School/Institute – 8 th Grade: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																			
19.2.2 Year – 8 th grade: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>																			
19.2.3 Comments: <table border="1" style="display: inline-table; vertical-align: middle; width: 500px; height: 100px;"> <tr><td></td></tr> </table>																			

Name of the School/Institute:

[illegible]

Index Number: _____

Year			
Y	Y	Y	Y

Index Number: _____

Year

Y	Y	Y	Y
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[illegible]

21. Advance Level QualificationsName of the
School/Institute:

Attempt 1

Year

Y	Y	Y	Y	Y
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Index Number:

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Attempt 2

Year

Y	Y	Y	Y	Y
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Index Number:

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Subjects	Grade	Subjects	Grade

22. Higher Education (Masters/Post Graduate Diploma/Degree/Higher Diploma/Diploma)

Qualification Name	Qualification Stream	Institute/University	Status	Year

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Tamil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
English	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

1 = Excellent 2 = Average 3 = Poor

(To be filled only by the Drivers)

[illegible]

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[illegible]

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

Sinhala/Tamil	Sinhala/English	Tamil/Sinhala	Tamil/English
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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:

29. For Office Use Only

Data Entered by:

Date: Signature:

Data Validated by:

Date: Signature: