

Efficiency Bar Examination of Sri Lanka Ayurvedic Medical Service - 2025

Index No. :
(For office use only)

Medium of Examination :
(Write the relevant letter in the cage)

Sinhala - S Tamil - T

01. Name with initials (Mr./Mrs./Miss) :
(In English Capital Letters)

02. Name with initials :
(In Sinhala/Tamil)

03. Name denoted by initials :
(In English capital letters)

04. Name denoted by initials :
(In Sinhala/ Tamil letters)

05. National Identity Card No. :

06. i. Name and Address of the Office/ Department/ Institution :
(In English Capital Letters)

ii. Provinc of the Office/Department/ Institute :

07. i. Name and Address of the Office/Department/Institution :
(In Sinhala/ Tamil)

ii. Telephone No. (official) :

08. i. Post :

ii. Number and date of the letter of Appointment :

09. Have you passed one or more subject from any of the following subjects in previous examinations sittings Financial regulation/ Establishment code/ Hospital managment/ Oral examination (Tamil/Sinhala). If so Index No. Year and Month :

<i>Subjects</i>	<i>Index Number</i>	<i>Year and Month</i>

10. Are you sitting the examination for the first time ?
 The value of the money paid if not appearing for the exam for the first time (Paste the bank receipt, if have)

I declare that the above particulars are true that, I am eligible to appear for the examination in the language medium indicated above. I agree to abide the rules and regulation of this examination.

.....,
Signature of the Candidates.

Date :

Note : The candidate should sign in the precense of the head of his/her Department/ Institution or and officer authorized to sign on behalf of such head of the Department.

Attestation of the signature

I do hereby certify that who forward this application is an officer attached to my office know to me personally,, and that he/she placed his or her signature before me on

.....,
Signature and rubber stamp of the Attester.

Name of the attester :

Designation :

Address :

Date :