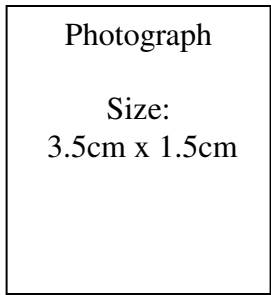


PERSONAL DATA SHEET

* 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/Drivers /OES

Appointment Letter No:

| | | | | | | | | | | | | | | | | | | |
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Combined Service
Personal File Number:

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Personal Information

1. Name

1.1 Prefix/Title:

| | | |
|-----|------|-----|
| Mr. | Mrs. | Ms. |
|-----|------|-----|

1.2 Last Name:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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1.3 Initials:

| | | | | | | | | | | | | | | |
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1.4 Names Denoted by the Initials:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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2. Gender:

| | |
|------|--------|
| Male | Female |
|------|--------|

3. Birth Information

3.1 Date of Birth: (YYYYMMDD)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

3.2 Place of Birth:

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4. Civil Status Information

4.1 Marital Status:

| | | | |
|---------|--------|----------|---------|
| Married | Single | Divorced | Widowed |
|---------|--------|----------|---------|

4.2 Married Date (YYYYMMDD):

| | | | | | | | | | |
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5. ID Card Information

5.1 NIC Number:

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| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

5.2 NIC Issue Date (YYYYMMDD):

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

13. Exam & Promotion Information

| 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) |
|---|---------------|-------------------|--------------------------------|-------------------------------------|--|
| SLAS | Class 1 | - | | | / / / / / |
| | Class ii/i | Interview | | | |
| | Class ii/ii | Dip. In G. Mgt | | | |
| | | Second Language | | | |
| | | EB 2 | | | |
| | | EB 1 | | | |
| TS | Special Class | - | | | |
| | Class 1 | Prom.E/Service | | | |
| | | EB 1 | | | |
| Librarian | Super Gd. | - | | | / / / / / |
| | Class i | - | | | / / / / / |
| | Class ii | EB | | | |
| | Class iii | EB | | | |
| PMAS i. GCS ii. Typist iii. Steno iv. BK v. Shroff | Super Gd. | Supra-Exam | | | / / / / / |
| | Class i | EB | | | |
| | Class ii | EB | | | |
| | Class iii | Typing Test | | | |
| OES (KKS) | Class 1 | - | | | / / / / / |
| | Class 2 | - | | | / / / / / |
| | Class 3 | EB | | | |
| Drivers | Class 1 | - | | | / / / / / |
| | Class 2.b | EB | | | |

14. Employee Salary Information

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

If "Yes" W&OP Number:

16. Status of Appointment:

| | | |
|---------------------------|--------------------|------------------------------------|
| Permanent, Pensionable | Permanent, PSPF | Permanent, Contributory Pension |
|---------------------------|--------------------|------------------------------------|

17. Workplace Information

17.1 Provincial Council:

(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:

17.7 Fax:

17.8 Email:

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

| Ministry/Department/Institute/Sub Office | Designation | District | From Date (YYYY:MM:DD) | To Date (YYYY:MM:DD) |
|--|-------------|----------|---------------------------|-------------------------|
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| 19. Educational Qualifications | | | | | | |
|---|--------------------------|-----|-----|--------|---------|--|
| 19.1 Highest Educational Qualification: | 8 th Grade | O/L | A/L | Degree | Masters | |
| <p>19.2 Only to be filled by the OES/Drivers</p> <p>19.2.1 School/Institute – 8th Grade: <input style="width: 150px; height: 15px;" type="text"/></p> <p>19.2.2 Year – 8th grade: <input style="width: 50px; height: 15px;" type="text"/></p> <p>19.2.3 Comments: <input style="width: 400px; height: 50px;" type="text"/></p> | | | | | | |

| 20. Ordinary Level Qualifications | | | |
|---|---|----------|-------|
| Name of the School/Institute: | <input style="width: 450px; height: 20px;" type="text"/> | | |
| Attempt 1 <div style="display: flex; justify-content: space-between; align-items: center;"> Year <input style="width: 60px; height: 15px;" type="text"/> </div> Index Number: <input style="width: 250px; height: 15px;" type="text"/> | Attempt 2 <div style="display: flex; justify-content: space-between; align-items: center;"> Year <input style="width: 60px; height: 15px;" type="text"/> </div> Index Number: <input style="width: 250px; height: 15px;" type="text"/> | | |
| Subjects | Grade | Subjects | Grade |
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21. Advance Level Qualifications

Name of the School/Institute:

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Attempt 1

Year

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

Index Number:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Attempt 2

Year

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

Index Number:

| | | | | | | | | | | | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| Subjects | | Grade | Subjects | | Grade |
|----------|--|-------|----------|--|-------|
| | | | | | |
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| | | | | | |
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22. Higher Education (Masters/Post Graduate Diploma/Degree/Higher Diploma/Diploma)

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

| Qualification Name | Qualification Stream | Institute/University | Status | Year |
|--------------------|----------------------|----------------------|--------|------|
| | | | | |
| | | | | |
| | | | | |
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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 Translating: | Sinhala/Tamil | Sinhala/English | Tamil/Sinhala | Tamil/English |
|--------------------------------------|---------------|-----------------|---------------|---------------|

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: