## **PERSONAL DATA SHEET**

\* Please read the instructions leaflet before filling the form. Photograph Please fill in BLOCK letters. Size: Please cross out the irrelevant cages. 3.5cm x 1.5cm SERVICE: SLAS/TS/LS/PMAS/Drivers /OES Appointment Letter No: **Combined Service** Personal File Number: **Personal Information** 1. Name 1.1 Prefix/Title: Mr. Mrs. Ms. 1.2 Last Name: 1.3 Initials: 1.4 Names Denoted by the Initials: 2. Gender: Female Male 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:																		
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7. Ethnicity:	Sir	nhale	ese	Sri anka Tam	an		dian ımil		Sri anka Moor		Burg	her	N	/lalay	/	Oth	ıer	
8. Religion:	В	Buddl	nist	Hir	du		Islam	I		mar tholi		С	hris	tian			ther igion	S
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:																		
O O Tampayawa Addysaa																		
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:					1	•	•					•	•					
9.2.6 Telephone:					J													

10.1 Contact Person Name	e:																	
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10.2 Relationship to Emplo	oyee	:																
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10.3 Address of Emergenc Contact Person:	су																	
10.4 Home T. P. No:																		
10.5 Official T. P. No:																		
10.6 Mobile No:																		
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11. Employee Family/D 11.1 Spouse's I	epei Infor	ndent Information	rmati	on														- 1
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Name with initials		Date of B						ploy				nati						
Name with initials		Date of B		Mi	inistry/[	)epai						natio		ty/D	istr	ict		
Name with initials		Date of B		M	inistry/[	Depai						natio		ty/D	istr	ict		
Name with initials		Date of B		М	inistry/[	)epai						natio		ty/D	istr	ict		
	t Info	Date of B YYYY:MM	:DD				rtme	nt/C				nati		ty/D	istr	ict		
Name with initials  11.2 Dependent  Name		Date of B YYYY:MM	Child	ren a	and Bloo		rtme	nt/C	omp	any					lny	Kin	d of	
11.2 Dependent		Date of B YYYY:MM	Child	ren a	and Blo	od Re	elativ So	nt/C	omp	orma		า	Ci	<u></u>	\ny Sp		al	
11.2 Dependent		Date of B YYYY:MM	Child	ren a	and Bloo	od Re	elativ So	ves)	omp	orma	atio	า	Ci	<u></u>	\ny Sp	Kin	al	
11.2 Dependent		Date of B YYYY:MM	Child	ren a	and Bloo	od Re	elativ So	ves)	omp	orma	atio	า	Ci	<u></u>	\ny Sp	Kin	al	
11.2 Dependent		Date of B YYYY:MM	Child	ren a	and Bloo	od Re	elativ So	ves)	omp	orma	atio	า	Ci	<u></u>	\ny Sp	Kin	al	
11.2 Dependent		Date of B YYYY:MM	Child	ren a	and Bloo	od Re	elativ So	ves)	omp	orma	atio	า	Ci	<u></u>	\ny Sp	Kin	al	
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11.2 Dependent		Date of B YYYY:MM	Child	ren a	and Bloo	od Re	elativ So	ves)	omp	orma	atio	า	Ci	<u></u>	\ny Sp	Kin	al	

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 (YYYY:MM:DD (YYYY:MM:DD)

13. Exam 8	k Promotion I	nformation			
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 v. Shroff	Class ii	EB			
v. Silioli	Class iii	Typing Test			
	Class 1	-			
OES (KKS)	Class 2	-			
	Class 3	EB			
	Class 1	-			
Drivers	Class 2.b	EB			

14.1 Designation:  14.2 Class:  14.3 Grade(Segment)  14.4 Salary Scale  14.5 Basic Salary (Annual):  15 Contributing to W&OP:  17 Yes No If "Yes" W&OP Number:  16. Status of Appointment:  17. Workplace Information 17.1 Provincial Council:  17.2 Ministry:  17.3 Department:  17.4 Sub Office:  17.5 Institution:  17.6 Official Phone:  Extension:  17.8 Email:	14. Employee Salary Information																		
14.9 Grade(Segment)  14.4 Salary Scale  14.5 Basic Salary (Annual):  15 Contributing to W&OP:    Yes   No     Yes   No     Yes   W&OP Number:    16. Status of Appointment:   Permanent, Permanent, Permanent, Contributory Pensionable   PSPF   Permanent, Contributory Pension   PSPF   Permanent, PSPF   P																			٦
14.9 Grade(Segment)  14.4 Salary Scale  14.5 Basic Salary (Annual):  15 Contributing to W&OP:    Yes   No	-																		-
14.9 Grade(Segment)  14.4 Salary Scale  14.5 Basic Salary (Annual):  15 Contributing to W&OP:    Yes   No																			_
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, Permanent, Permanent, Contributory Pensionable PSPF 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: (Provincial Council Information is to be completed only by SLAS officers who are attached to Provincial Councils)  17.3 Department: (17.4 Sub Office: 17.5 Institution: 17.6 Official Phone: Extension: Extension: 17.7 Fax: (18.5 Extension: 17.8 Extension: 17.9	14.2 Class:																		
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, Permanent, Contributory Pensionable PSPF Pensionable PSPF 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:  7.7 Fax:	14.3 Grade(Segment)																		
14.6 Increment Date (MMDD):  15 Contributing to W&OP:    Yes   No	14.4 Salary Scale																		
16. Status of Appointment:  Permanent, Permanent, Permanent, Permanent, Pensionable  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:  7.7 Fax:	14.5 Basic Salary (Annual):														_				
16. Status of Appointment:  Permanent, Permanent, Permanent, Permanent, 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:  7.7 Fax:																			
16. Status of Appointment:  Permanent, Permanent, Permanent, Permanent, 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:  7.7 Fax:																			
16. Status of Appointment:  Permanent, Permanent, Permanent, Permanent, Contributory PSPF 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:  7.7 Fax:	15 Contributing to W&OP:				] DP N	umb	er:												7
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:  7.7 Fax:											<u> </u>	<u> </u>		'		<u> </u>	· ·		
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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:  7.7 Fax:																			
(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:  7.7 Fax:	17. Workplace Information		1	ı	1	ı		ı	ı					1	1	1			1
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17.3 Department:  17.4 Sub Office:  17.5 Institution:  17.6 Official Phone:  Extension:  7.7 Fax:		(Pro who	are	atta	ched	to P	form <b>Provi</b>	ation <b>ncia</b>	is t I Co	o be unci	cor i <b>ls</b> )	nplet	ted (	only	by	SLA	S off	ficer	S
17.4 Sub Office:  17.5 Institution:  17.6 Official Phone:  Extension:  7.7 Fax:	17.2 Ministry:																		
17.4 Sub Office:  17.5 Institution:  17.6 Official Phone:  Extension:  7.7 Fax:																			
17.4 Sub Office:  17.5 Institution:  17.6 Official Phone:  Extension:  7.7 Fax:																			j
17.4 Sub Office:  17.5 Institution:  17.6 Official Phone:  Extension:  7.7 Fax:	17.3 Department:															1			l
17.5 Institution:  17.6 Official Phone:  Extension:  7.7 Fax:	The Department																		
17.5 Institution:  17.6 Official Phone:  Extension:  7.7 Fax:									1						1	1			
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Extension:  7.7 Fax:	17.5 Institution:																		
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## 18. Service Records (Start from the first appointment to the public service) From Date (YYYY:MM:DD) To Date (YYYY:MM:DD) Ministry/Department/Institute/Sub Office Designation District

19.1 Highest Educational Qualification:  19.2 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:  20. Ordinary Level Qualifications  Name of the School/Institute:  Attempt 1 Year Year Year Year Year Year Year Year
the OES/Drivers  19.2.1 School/Institute — 8th Grade:  19.2.2 Year — 8th grade:  19.2.3 Comments:  20. Ordinary Level Qualifications  Name of the School/Institute:  Attempt 1 Year Attempt 2 Year Y Y Y Y Y Index Number:
8th Grade:  19.2.2 Year – 8th grade:  19.2.3 Comments:  20. Ordinary Level Qualifications  Name of the School/Institute:  Attempt 1 Year Attempt 2 Year Y Y Y Y Y Index Number:  Index Number:  Index Number:
19.2.3 Comments:  20. Ordinary Level Qualifications  Name of the School/Institute:  Attempt 1  Year
20. Ordinary Level Qualifications  Name of the School/Institute:  Attempt 1 Year Year Year Year Year Year Year Year
Name of the School/Institute:
Attempt 1   Year   Year
Index Number: Index Number:
Index Number: Index Number:
Subjects Grade Subjects Grade
.

21. Advance Level Quali	fications				
Name of the School/Institute:			<del>                                     </del>		
Concer					
Attempt 1	Year Y Y	YY	Attempt 2	Year Y	YYYY
Index Number:			Index Number:		
Subjects	Gr	rade	Sub	jects	Grade
22. Higher Education (Ma	lasters/Post Gradu	uate Diplon	na/Degree/Higher	Diploma/Diploma	)
Qualification Name	Qualification Stream	Insti	itute/University	Status	Year
		<del>                                     </del>			
		<del></del>			
23. Professional Qualific	cations (FCA/CIM/	A/CIM/ACC	A/ICASL/ICSA/BC	S)	
Qualification Name	Qualification Stream	Inst	titute/University	Status	Year
	Stream				
L					

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 b	oe filled only by the	e Translators)	
Languages Qualified for Translating:	Sinhala/Tamil	Sinhala/English	Tamil/Sinhala	Tamil/English

<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 by:
Date: Signature: