



Recruitment of the Trainees for the Training Courses of Para Medical Service –2024

Name	S.DILANI				
Full Name	DILANI SIVANATHAN				
NIC	200071403872	DoB	2000-08-01	Gender	female
Height	165.0 cm	Civil Status	Unmarried		
District	Jaffna	Resident for	23 Years		
Address	THEVARAN, PULOLY SOUTH, PULOLY POINT PEDRO JAFFNA				
Phone 1	771369391	Phone 2	776938872	Email	sivanathandilani2000@gmail.com

GCE O/L Results

Year	Index	Results					
2016	63241323	SAIVANERI	A	TAMIL LANGUAGE & LITT.	B	ENGLISH LANGUAGE	C
		MATHEMATICS	B	HISTORY	C	SCIENCE	C
		APPR. OF TAMIL LIT.TEXT	B	BUSINESS & ACCT. STUDIES	S	HEALTH & PHYSICAL EDUCAT.	B

GCE A/L Results

Year	Index	Z Score	Results				
2019	6980562	0.8487	PHYSICS	C	CHEMISTRY	C	BIOLOGY B

Course Preferences

Order	Course
1	Dispenser
2	Electro Cardio Grapher (ECG Recordist)
3	Public Health Laboratory Technician
4	School Dental Therapist

If you are called for the interview, you must submit the Originals of the following documents (Gazette No. 2377)

1. Printed copy of the application (Duly attested by an officer mentioned in 9.1 of the gazzete).
2. Birth Certificate.
3. G.C.E. (A/L) result sheet with the Z score (Issued by the Examinations Department)
4. G.C.E (O/L) result sheet (Issued by the Examinations Department).
5. National Identity Card which is issued by Department for Registration of Persons or valid passport or valid driving license.
6. Receipt obtained for the payment of Rs 1,000.00 to the Bank.

7. Certificate of proving residence issued by the Grama Niladari. (DS – 04)
8. School leaving certificate. (Education B-59)
9. A formal affidavit signed over a stamp at the value of Rs 50/- in the presence of a Justice of the Peace to confirm that the applicant is not married or divorced as mentioned in paragraph 6.5 of the Gazette.
10. A solemn declaration of the candidate. (Self-declared certificate to prove that one is free of disqualifications as mentioned in sub-paragraphs 6.1 to 6.4 of paragraph 6 of the Gazette.)

Certification by the Applicant

I certify that all particulars given by me in this form are true and accurate. I am also aware that if any particulars given by me in this application are found to be false or inaccurate prior to my admission, my application will be rejected and that if such information is found to be false or inaccurate after my admission, I will be dismissed from the course of study of the .

Paste the original of bank receipt here.

Date:

.....
Signature by the Applicant

Attestation of the Applicant's Signature

I hereby certify that Mr/Ms who presents this application is well known to me and signed before me on.....

Date:

.....
Signature by the Attester

Full Name of the Attester:

Designation:

Address:

.....
Official Seal

Important:

Please do not send this application to .

Please keep this document safely to be submitted if called for the interview.