PERSONAL DATA SHEET

*** Please read the instructions leaflet before filling the form.**

Photograph

Size:
3.5cm x 2.5cm

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

Please fill in BLOCK letters.
Please tick √ the relevant cage where applicable.

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: Male | Female

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:										

7. Ethnicity:	Sinhalese	Sri Lankan Tamil	Indian Tamil	Sri Lankan Moor	Burgher	Malay	Other	

8. Religion:	Buddhist	Hindu	Islam	Roman Catholic	Christian	Other Religions

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:

10. Emergency Information

10.1 Contact Person Name:

10.2 Relationship to Employee:

10.3 Address of Emergency Contact Person:

10.4 Home T. P. No:

10.5 Official T. P. No:

10.6 Mobile No:

11. Employee Dependent Information

11.1 Spouse Information

Spouse Name (with initials)	Date of Birth YYYY:MM:DD	Employment Information	
		Ministry/Department/Company	City/District

11.2 Other 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. Official Information

12.1 Name as per the Appointment Letter

12.1.1 Initials:

12.1.2 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	To Date (YYYY:MM:DD)

13. Exam & Promotion Information

Service	Grade	Exam Details	Joined/ Promotion Date	Backdated Date (YYYY:MM:DD)	Exam Completed Date (YYYY:MM:DD)
SLAS	Class 1	-			
	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. Typist ii. Steno iii. SK iv. BK	Super Gd.	Supra-Exam			
	Class I	Supra-Exam			
	Class II	EB			
	Class III	Typing Test			
OES (KKS)	Class 1	-			
	Class 2	-			
	Class 3	EB			
Programme officers' service	Class 1	EB			
	Class 2	EB			
	Class 3	EB			

14. Employee Salary Information

14.1 Designation:

14.2 Class:

14.3 Grade(Segment)

14.4 Basic Salary (Annual):

14.5 Salary Step Effective From (YYYYMMDD):

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 Current Record)

Ministry/Department/Institute/Sub Office	Designation	District	From Date (YYYY:MM:DD)	To Date (YYYY:MM:DD)

19. Educational Qualifications

19.1 Highest Educational Qualification:	8th Grade	O/L	A/L	Degree	Masters	

19.2 Only to be filled by 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: Y Y Y Y

Index Number:

Attempt 2

Year: Y Y Y Y

Index Number:

Subjects	Grade	Subjects	Grade

21. Advance Level Qualifications

Name of the School/Institute:

Attempt 1

Year: Y Y Y Y

Index Number:

Attempt 2

Year: Y Y Y Y

Index Number:

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	YES NO	YES NO	YES NO		
Tamil	YES NO	YES NO	YES NO		
English	YES NO	YES NO	YES NO		
Other	YES NO	YES NO	YES NO		

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 Subject Officer)

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 Subject Officer in this form are true and correct.

Name of Employee: .....

Date: ..... Signature: .....