

For Office use only

**Common Competitive Examination for the Recruitment to the Posts in All-Island Services
and Executive Service Category of the Public Service - 2021**

Amendment of the Choices according to the Gazette notice published by Office of the Public Service Commission, dated 30th July 2021.

Name with Initials mentioned in the application submitted earlier :

NIC Number :

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Reference number mentioned in the application submitted earlier :

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Amendment of Choices : Highest preference must be indicated by "1" and the rest of the preferences in the order of descending priority must be indicated by 2, 3, 4 etc.

| Name of the Service | Category No. | Choice No. |
|---|--------------|------------|
| Sri Lanka Administrative Service - SLAS | 1 | |
| Sri Lanka Accountant's Service - SLAcS | 2 | |
| Sri Lanka Planning Service - SLPS | 3 | |
| Sri Lanka Educational Administrative Service - SLEAS | 4 | |
| Sri Lanka Scientific Service - Department of National Museum - Assistant Director (Human Genealogy) - SLSS - 1 | 501 | |
| Sri Lanka Scientific Service - Department of National Museum - Assistant Director (Anthropology) - SLSS - 2 | 502 | |
| Sri Lanka Scientific Service - Department of Export Agriculture - Assistant Director (Development) - SLSS - 3 | 503 | |
| Sri Lanka Scientific Service - Department of Export Agriculture - Assistant Director (Research) - SLSS - 4 | 504 | |
| Sri Lanka Scientific Service - Department of National Zoological Gardens - Assistant Director - SLSS - 5 | 505 | |
| Sri Lanka Scientific Service - Department of Government Analyst - Assistant Director Government Analyst - SLSS - 6 | 506 | |
| Sri Lanka Scientific Service - Department of Government Analyst - Assistant Examiner of Questioned Document - SLSS - 7 | 507 | |
| Sri Lanka Scientific Service - Department of Wildlife Conservation - Assistant Director - SLSS - 8 | 508 | |
| Sri Lanka Scientific Service - Department of Forest Conservation - Assistant Forest Conservator - SLSS - 9 | 509 | |
| Sri Lanka Scientific Service - Department of Irrigation - Assistant Soil Chemist - SLSS - 10 | 510 | |
| Sri Lanka Scientific Service - Department of Irrigation - Research Officer (Land Utilization) - SLSS - 11 | 511 | |
| Sri Lanka Scientific Service - Department of National Botanical Gardens - Assistant Director - SLSS-12 | 512 | |
| Sri Lanka Scientific Service - State Ministry of Development of Sugarcane, Maize, Cashew, Pepper, Cinnamon, Cloves, Betel Production and Promotion of Allied Products and Export - Assistant Director - SLSS-13 | 513 | |
| Sri Lanka Scientific Service - Ministry of Health - Physicist - SLSS - 14 | 514 | |

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| Sri Lanka Scientific Service - Ministry of Health - Chemist - SLSS - 15 | 515 | |
| Sri Lanka Scientific Service - Ministry of Health - Research Officer (Entomology) - SLSS - 16 | 516 | |
| Sri Lanka Scientific Service - Ministry of Health - Research Officer (Microbiology - Bacteriology, Virology) - SLSS - 17 | 517 | |
| Sri Lanka Scientific Service - Ministry of Health - Research Officer (Parasitology) - SLSS - 18 | 518 | |
| Sri Lanka Scientific Service - Ministry of Health - Research Officer (Natural Product Chemistry) SLSS - 19 | 519 | |
| Sri Lanka Scientific Service - Ministry of Health - Research Officer (Vaccine Products) SLSS - 20 | 520 | |
| Sri Lanka Scientific Service - Ministry of Health - Entomologist - SLSS - 21 | 521 | |
| Sri Lanka Scientific Service - Ministry of Health - Bio Chemist - SLSS - 22 | 522 | |
| Sri Lanka Scientific Service - Ministry of Health - Scientific Officer - SLSS - 23 | 523 | |
| Sri Lanka Scientific Service - State Ministry of Cane, Brass, Pottery, Woodwork and Rural Industry Promotion - SLSS - 24 | 524 | |

I do hereby certify that the above mentioned preferences are true and correct. Please ignore order of preferences mentioned in the previously submitted application. I declare that this amendment to the preferences is the final.

NB: Only preferences are subjected to amendments.

Date: _____

Signature of the applicant

Attestation of the signature of candidate:

I hereby certify that

Mr./Mrs./Miss _____ who is submitting
this application and signed this application in my presence.

Signature of Attester

Name : _____

Designation : _____

Date : _____ (Place official frank)

(Attester should be in accordance with published Gazette notice)