Specimen Form 01

|  |  |  |  |
| --- | --- | --- | --- |
| Specimen Application | | | |
| **Excise Department of Sri Lanka** | | | |
| **Annual Transfer Application 2021 – Chief Inspector of Excise /**  **Inspector of Excise**  {d.f\_1} | | | |
|  | | | |
| 1 | 1. Name with initials : - ……………………........................................................................................ | | |
|  | {d.f\_1a} |  |  |
|  | b. Employee No. :- ……............................................................................................... | | |
|  | {d.f\_2} | | |
| 2 | Current Service Station :- ......................................................................................................................... | | |
|  |  | {d.f\_3} |  |
| 3 | Arrival date to the said Station:-……………………………………………………………………… | | |
|  | {d.f\_4} |  |  |
| 4 | Current Post :-..................................................... Date Appointed to the said Post :- ........................ | | |
|  |  |  |  |
| 5 | Previous Post :- ............................................... Date Appointed to the said Post :- .......................... | | |
|  |  |  |  |
| 6 | Date of Birth :- ..........................................Age as at 31.12.2020. Years ............ Months.......... | | |
|  |  |  |  |
| 7 | Personal Address :- ..................................................................................................................................... | | |
|  |  |  |  |
| 8 | Address of the Permanent Residence :-...................................................................................................  {d.f\_9a} | | |
|  |  |  |  |
| 9 | Gender :-...... .......................................... Civil Status :-................................................ | | |
|  |  | | |
| 10 | National Identity Card No. ................................... Telephone No. ........................................ | | |
|  |  |  |  |
| 11 | If the spouse is employed, his/her employment and the address of the work place:-................ | | |
|  |  |  |  |
|  | .............................................................................................................................................................................. | | |
|  |  |  |  |
| 12 | Details of the school children, if any:- | | |
|  |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Serial No. | Name | Age  Years. | School |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

13. Stations served under the previous Post and the respective periods: -

|  |  |  |  |
| --- | --- | --- | --- |
| Serial No. | Post | Service Station | Service Period  Yrs. Mnths. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

14. Stations Served under the current post and the respective periods

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Serial No. | Post | Service Station | Period of Service | | |
| From | To | Period |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

15. Service Stations willing to be transferred in order of personal preference (04 of Distilleries, Manufactories, Warehouses, and 06 other places)

|  |  |  |
| --- | --- | --- |
| Serial No. | Service Station | Reason |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

16. Special Skills (Including language proficiency and special trainings): -

.........................................................................................................................................................................................

.........................................................................................................................................................................................

.........................................................................................................................................................................................

I hereby certify that the information given above by me is true and correct to the best of my knowledge.

Signature ..........................................................

Date:- ........................................ Name of the Officer .....................................................

**Certification of the Next Closest Senior Officer:**-

The information provided by the applicant is incorrect / correct. He / she has /has not completed the prescribed time in this Station. He / she can / cannot be released with / without a successor.

........................................................................

Date :- .2020 Excise Officer in Charge

**Recommendation of the Superintendent of Excise: -**

....................................................................................................................................................................................................................................................................................................................................................

.....................................................................................................................................................................................................................................................................................................................................................

........................................................................

Date: - .2020 Superintendent of Excise

**Recommendation of the Assistant Commissioner of Excise: -**

....................................................................................................................................................................................................................................................................................................................................................

..................................................................................................................................................................................................................................................................................................................................................

.......................................................................

Date: - .2020 Assistant Commissioner of Excise

.

(For Head Office Use)

Details given in the application form of this officer are accurate according to the Personal File No………… and Service Records. The following inconsistencies are highlighted in red ink.

.................................................................

Date: - .2020 Subject Clerk in charge of the Personal File