

Instructions:

Department of Hindu Religious and Cultural Affairs

248-1/1, Galle Road, Colombo -04.

Phone: +94 11 2552641 Fax : +94 11 2552825

Step 1: Form must be filled in BLOCK letters or typed / printed and signed by the applicant. Step 2: The Temple where the priest is working should have been registered with this Department.

Hindu Religious & Culture Affairs, 248-1/1, Galle Road, Colombo -04.

Step 6: Forward the completed application and supporting documents to The Director, Department of

Step 3: Only the holder of N.I.C. may submit the Application.

Step 5: Applicant should ensures that all required documents are enclosed.

Step 4: A contact telephone number should be given.

| Office Use Only |
|-----------------|
| PIC No : HA// |
| Issued Date:/20 |

Issued Free

of Charge.

Form No.

HA/T/F-04

Photo

APPLICATION FORM FOR IDENTITY CARD TO HINDU PRIEST

| Photograph: Two clear colour photographs 22mm X 30 mm size (Sri Lankan N. I. C. size), taken within one month form the date of application showing in the head and shoulder for the applicant are required. One photo to be pasted on the relevant cage, and the Grama Niladhari must sign the top of the photograph after verifying the identity of the applicant on: Compulsory Documentation: Enclose each clear copy of the following documents. 1. Birth Certificate 3. Temple Registration certificate (Our Department) 4. A copy of the certificate awarded by an recognized institution for the proof of the photograph. I. Name Clast Name | | Hindu Religious & | & Cul | ture | Affa | irs, 2 | 248-1 | /1, (| Galle | Roa | id, C | olom | ıbo -04. | | | | I | | | sted | |
|--|--|--|----------------|---|------------------------|--------------------------|------------------------|-------|---------------------------------|--------|-------|--------------|----------|-----------------------------|------------|-----|------|---|-----------------------|------------------------|-----|
| 1. Name Cirist Name Ciris | Photogr | the date of application showing in the head and shoulder fo the applicant are required. One photo to be pasted on the relevant cage, and the Grama Niladhari must sign the top of the photograph after verifying the identity of the applicant. Other photo to be annex with the application. | | | | | | | | | | | nm) | | | | | | | | |
| 1. Name | Compu | llsory Documentatio | 1. 3. 4. | Birtl Tem A co | n Cer ple R py o | tific: Legis f the | ate tratio certi | on ce | ertific | cate (| (Our | Depa | artment) | | | | oof | 1 | Nila must s the | dhari ign or top | n l |
| 1. Name Clast Name M F | | | (Firs | t Nan | ne) | | | | | | | | | | | | | | | | |
| 3. Date of Birth 6. N. I. C. No. T. Date of D D M M Y Y Y | | 1. Name | (Las | (Last Name) | | | | | | | | | | | 1` | | | | | | |
| (City) 8. Present Address 9. District 10. Area of Divisional Secretary 11. Area of Grama Niladhari 12. Permanent Address 13. District 14. Area of Divisional Secretary 15. Area of Grama Niladhari 16. Contact No (should be given) 17. E - Mail 18. Present Address 19. District 11. Area of Divisional Secretary 11. Area of Grama Niladhari 12. Permanent Address 13. District 14. Area of Divisional Secretary 15. Area of Grama Niladhari 16. Contact No (should be given) 17. E - Mail 18. Present Address 19. Declaration 19. Declaration 19. Declaration 19. Declaration 19. Area of Grama Niladhari 19. Declaration 19. Area of Grama Niladhari | | 3. Date of Birth | D | D D M M Y Y Y 4. Place of Birth 5. C | | | | | | | | | 5. C | | | | | | | | |
| 8. Present Address 9. District 10. Area of Divisional Secretary 11. Area of Grama Niladhari 12. Permanent Address 13. District 14. Area of Divisional Secretary 15. Area of Grama Niladhari 16. Contact No (should be given) 17. E - Mail 18. Present Address 19. District 19. Declaration | | 6. N. I. C. No. | | | | | | | | | | | Issue | D | D | M | M | Y | Y | Y | Y |
| (Home) 16. Contact No (should be given) (Mobile) 17. E - Mail Declaration I do hereby certify that above particulars furnished by me are true and correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing Identity Card of the Department. I agree that the Department has the right to cancel my Identity Card at any time, either if I am found to have furnished false information or if I do not abide by the regulations of the Department of | Section I Personal Information | 8 Present | (No, | (No, Street) | | | | | | | | | | (City) | | | | | | | |
| (Home) 16. Contact No (should be given) (Mobile) 17. E - Mail Declaration I do hereby certify that above particulars furnished by me are true and correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing Identity Card of the Department. I agree that the Department has the right to cancel my Identity Card at any time, either if I am found to have furnished false information or if I do not abide by the regulations of the Department of | | Address | 9. District | | | | | | 10.Area of Divisional Secretary | | | | | 11. Area of Grama Niladhari | | | | | | | |
| (Home) 16. Contact No (should be given) (Mobile) 17. E - Mail Declaration I do hereby certify that above particulars furnished by me are true and correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing Identity Card of the Department. I agree that the Department has the right to cancel my Identity Card at any time, either if I am found to have furnished false information or if I do not abide by the regulations of the Department of | | | (No, | (No, Street) (City) | | | | | | | | | | | | | | | | | |
| 16. Contact No (should be given) Declaration I do hereby certify that above particulars furnished by me are true and correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing Identity Card of the Department. I agree that the Department has the right to cancel my Identity Card at any time, either if I am found to have furnished false information or if I do not abide by the regulations of the Department of | | | 13. | 13. District 14. Area of Divisional Secretary | | | | | | | | | | 15. Area of Grama Niladhari | | | | | | | |
| Declaration I do hereby certify that above particulars furnished by me are true and correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing Identity Card of the Department. I agree that the Department has the right to cancel my Identity Card at any time, either if I am found to have furnished false information or if I do not abide by the regulations of the Department of | | | (Home) | | | | | | | | | 17. E - Mail | | | | | | | | | |
| I do hereby certify that above particulars furnished by me are true and correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing Identity Card of the Department. I agree that the Department has the right to cancel my Identity Card at any time, either if I am found to have furnished false information or if I do not abide by the regulations of the Department of | | (should be given) | (Mobile) | | | | | | | | | | | | | | | | | | |
| | | I do hereby certify that above particulars furnished by me are true and correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing Identity Card of the Department. I agree that the Department has the right to cancel my Identity Card at any time, either if I | | | | | | | | | | | | | of if I | | | | | | |
| 18. Signature 19. Date // /20 | | 18. Signature | | | | | | | | | | | | | | 19. | Date | e | | | |

| | | 20. Temple N | ame | | | | | | | | | | | |
|----------------------|---|---|--|---|---------|---------------|---|--|--|--|--|--|--|--|
| | | 21. Registration (Our Departm | | HA/ | | | | | | | | | | |
| | mittee | 23. Mailing | (No, St | eet) | | | | | | | | | | |
| | n Com | Address | (City) | | | | | | | | | | | |
| | Section 2 inistratio | 24. Web | | | | | | | | | | | | |
| | Section 2 Temple Administration Committee | I certify that the above applicant is working as a Chief Kurukkal / Kurukkal / Chief Sivachariyar / Archagar in our Temple for the last years and the details furnished are true and correct. | | | | | | | | | | | | |
| в | Тетр | 26. Signature | 27. Date | | | | | | | | | | | |
| Certification of the | | (Presid | /20 | | | | | | | | | | | |
| ertifica | | I certify that the photograph appears on the 1st page is that of(Full Name) | | | | | | | | | | | | |
|) | n 3 Hadhari | | | | | | | | | | | | | |
| | Section 3 Grama Niladhari | 28. Signature & | 29. Date | | | | | | | | | | | |
| | | | | | | | /20 | | | | | | | |
| | tary | I recommend that the above particular are correct and the Identity Card could be issued. | | | | | | | | | | | | |
| | । इ। | | | | | | | | | | | | | |
| | tion 4 d Secreta | 30. Signature & | k Rubbe | er Stamp | | | 31. Date | | | | | | | |
| | Section 4 visional Secretary | 30. Signature & | k Rubbe | er Stamp | | | | | | | | | | |
| | Section 4 Divisional Secreta | 30. Signature & | & Rubb | er Stamp | | | 31. Date | | | | | | | |
| | $S\epsilon$ $Division$ | Sets | of pho | | | | | | | | | | | |
| | $S\epsilon$ $Division$ | Sets * Birth Cert * N.I.C. * Temple Re | of pho ificate | tocopy | | | | | | | | | | |
| | $S\epsilon$ $Division$ | Sets * Birth Cert * N.I.C. * Temple Re * The certific | of pho ificate gistratic | tocopy | ect. | | | | | | | | | |
| Only | S_{ϵ} ion Division | Sets * Birth Cert * N.I.C. * Temple Re * The certific | of pho ificate gistratio cate awa ments g | tocopy on copy orded Priesthood iven are checked and found corre | ect. | | | | | | | | | |
| e Use Only | Section 5 Section Documentation | Sets * Birth Cert * N.I.C. * Temple Re * The certific The docur | gistratic cate awa ments g | tocopy on copy orded Priesthood iven are checked and found corre | ect. | | | | | | | | | |
| Office Use Only | Section 5 Section Documentation | Sets * Birth Certi * N.I.C. * Temple Re * The certific | gistratic cate awa ments g | on copy on copy orded Priesthood iven are checked and found corre | ect. | (Asst. Direct | Date/20 | | | | | | | |
| Office Use Only | $S\epsilon$ $Division$ | Sets * Birth Cert * N.I.C. * Temple Re * The certific The docur | gistratic cate awa ments g | on copy orded Priesthood iven are checked and found corre | ect. | | Date Date Date // /20 | | | | | | | |
| Office Use Only | Section 6 Section 5 Setton bocumentation Division | Sets * Birth Cert * N.I.C. * Temple Re * The certific The docur / Recommender Approved By | gistratic cate awa ments g | tocopy on copy orded Priesthood iven are checked and found corre | Signati | (Directo | Date Date Date Date Date Date Date Date | | | | | | | |
| Office Use Only | Section 5 Section Documentation | Sets * Birth Cert * N.I.C. * Temple Re * The certific The docur Recommende | s of pho ificate gistratic cate awa ments g /20 | tocopy on copy orded Priesthood iven are checked and found corre | | (Directo | Date or)/20 Date/20 | | | | | | | |