

**APPLICATION FOR CONSIDERING REINSTATEMENT OF POLICE OFFICERS WHO HAVE
RECEIVED ORDER OF VACATION OF POST FROM SRI LANKA POLICE**

1. Name of the appellant :-
2. Rank and Rank No. held at the time of receiving VOP Order :-
3. At the time of receiving VOP Order, attached to,
 - i. Police Division :-
 - ii. police Station / Unit / Bureau :-
4. Date of Birth :- 4 (i) Private Address:-
(ii) Telephone No.:-
5. Date of recruitment :-
6. Date of Vacation of Post :-
7. Period of active service at the time of receiving VOP Order:-
Years: Months: Days:
8. Age as at 01.01.2020 :-
Years: Months: Days:
9. If there are any previous VOP Orders,
 - i) Date of such VOP Order :-
 - ii) Date of reinstatement :-
10. Indicate permanent/ temporary addresses and the relevant police area where the appellant had lived after receiving VOP Order

Permanent / Temporary address	Police Area	Period of residing
11. Whether the appellant has been found guilty at any court after receiving VOP Order.
(You must provide all relevant details.)

12. Furnish the details if any appeal has been submitted against VOP Order:-

Date of the appeal submitted	Decision of Appellate Authority

13. Reasons for Vacation of Post :-

(Relevant details should be descriptively produced along with evidence.)

14. Furnish the following details if the appellant had performed duty at operation zones before receiving the VOP Order:-

Operation Zones

Service period

- 1) From to
- 2) From to

I hereby declare that the particulars mentioned above are true and accurate to the best of my knowledge, and in the event of a reinstatement, I will report for duty complying with any condition imposed upon such reinstatement. I understand that I shall be disqualified from being reinstated, should it become evident that I have furnished false information in any manner.

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Name and Signature
of the Appellant

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Date