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சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය } NA / 14 / 04 / 2022
எனது இல }
My No. }

ඔබේ අංකය }
உமது இல }
Your No. }

දිනය }
திகதி } 2024.03.16
Date }

සෞඛ්‍ය අමාත්‍යාංශය சுகாதார அமைச்சு Ministry of Health

General Circular No- 01-09/2024

Deputy Director General, National Hospital of Sri Lanka
Director, National Hospital, Kandy
All Directors of Hospitals, Medical Superintendents under the Central Government
Heads of Health Institutions

Granting Grade Promotions in the Sri Lanka Nursing Service

This has reference to the General Circular No.01-15/2023 dated 08.05.2023 on the above matter.

02. Accordingly, the form to be used for applying for promotion to the post of Nursing Officer (Hospital Service/Education/Public Health) in Supra Grade from the post of Nursing Officer (Hospital Service/Education/Public Health) in Grade I is appended hereto. Please inform the relevant officers to apply to the post of Nursing Officer (Hospital Service/Education/Public Health) in Supra Grade on the 'Form 3'.


Dr. P.G. Mahipala
Secretary
Ministry of Health
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10. Sri Lanka.

Copies-

- | | |
|------------------------------------------------|--------------------|
| 01.All Provincial Chief Secretaries | - f.i.and n.a.pls. |
| 02.All Provincial Health Secretaries | - f.i.and n.a.pls. |
| 03.Director General of Health Services | - f.i.pls. |
| 04.All Provincial Directors of Health Services | - f.i.and n.a.pls. |
| 05.All Regional Directors of Health Services | - f.i.and n.a.pls. |

Application for Promotion to the Post of Nursing Officer(Hospital Service/Education/Public Health) in Supra Grade from the Post of Nursing Officer(Hospital Service/Education/Public Health) in Grade 1 of the Nursing Service

(in terms of the General Circular No. 01-15/2023)

Part 1: (Should be completed by the officer himself/ herself)

01. (a) Name of the officer with initials:

 (b) Name in Full:

 (c) National Identity Card No:
 (d) (i) Mobile Telephone No: (ii) E-mail Address:
02. Service Station:
03. Present Post :
04. (i) Date of recruitment to the student nurses' training: (ii) Batch:
05. Date of first appointment:
06. Have you satisfied the requirements to be exempted from the third Efficiency Bar Examination as per the provisions of the Section 20.1.3.2 of the Nursing Service Minute?
07. Date of confirmation in the appointment:
08. Date of appointment to Grade 1 of the Nursing Service and appointment letter no. :
09. Date of appointment to the post of Nursing Officer (Hospital Service/Education/Public Health) in Grade 1 of Nursing Service:
10. (a). Date of completion of active and satisfactory service period of 07 years in Grade I of the Nursing Service or in the post of Nursing Officer (Hospital Service/Education/Public Health) in Grade I or in both of the above :.....
 (b). Date of completion of continuous, active and satisfactory service period of 22 years in the Nursing Service:
11. (a) Have you earned all salary increments during the period of 07 years immediately prior to the date to be promoted to Supra Grade of the Nursing Service?

 (b) If not, give reasons:

12. (a) Were there any disciplinary inquiries against you or have you been subjected to any disciplinary punishments?.....
 (b) If subjected to disciplinary punishments, give details:

13. Particulars of hospitals/institutions where you served from the date of first appointment

Serial No.	Served Hospital /Institution	Whether the institute/ hospital served is under Provincial Council /Central Government	Period served (From - to)
01			
02			
03			
04			
05			

I declare that the above particulars from 01 to 13 are correct to my knowledge and belief.

Date

Signature of the officer

Recommendation of the Nursing Officer in Special Grade.

I certify that the above officer is serving under my supervision and I recommend / not recommend that he/she is eligible / not eligible to be promoted to the post of Nursing Officer (Hospital Service/Education/Public Health) in Grade of Nursing Service since he/she discharges duties satisfactorily / not satisfactorily.

.....
Date

.....
Signature of the Nursing Officer in Special Grade and official frank with the name

Part II : (To be filled by the officer in charge of the subject according to the personal file of the officer concerned)

14. (a) Has the officer obtained no-pay leave (other than maternity leave)?
 (b) Period of leave on no-pay (except maternity leave), if obtained

 15. (a) Date of promotion to Grade I:
 (b) Date of appointment to the post of Nursing Officer (Hospital Service/Education/Public Health) in Grade 1 of Nursing Service:
 (c) Date of completion of active and satisfactory service period of 07 years in Grade 1 of the Nursing Service or in the post of Nursing Officer (Hospital Service/Education/Public Health) in Grade 1 or in both of the above.....
 (d) Date of completion of continuous, active and satisfactory service period of 22 years in the Nursing Service:
 (e) Has the officer earned all salary increments during the period of 07 years immediately prior to the date to be
 (f) If not, give reasons:

16. (a) Are there any disciplinary inquiries against the officer or any disciplinary punishment imposed against the officer?

(b) If there are disciplinary inquiries or disciplinary punishments,

1. Date the offence was committed:

.....

2. Number and date of charge sheet, if issued any (Attach copies)

.....

3. Number and date of disciplinary order, if a disciplinary order has been made (Attach a copy)

.....

17. Indicate the level of performance during the period of 10 years immediately prior to the date of promotion as Very Good/ Good/ Satisfactory/ Not Satisfactory in terms of the approved procedure of performance appraisal .

Year 1.....

Year 6.....

Year 2.....

Year 7.....

Year 3.....

Year 8.....

Year 4.....

Year 9.....

Year 5.....

Year 10.....

18. Other matters:

.....

.....

.....

I hereby certify that the particulars given above and all the particulars given in the application from 1 to 18 are correct according to the personal file of the officer.

.....
Date

.....
Name of the officer in charge
of the subject

.....
Signature of the officer in charge
of the subject

Part III : (Recommendation of the Administrative Officer/ Hospital Secretary)

I certify that the particulars given above and all the particulars furnished in the application from 1 to 18 are correct and I recommend/ not recommend that he/she is eligible/ not eligible to be promoted to Supra Grade of the Nursing Service.

Date

.....
Signature of the Administrative Officer / Hospital
Secretary and official frank with the name

Part IV : Recommendation of the Head of Institution

I certify that all the particulars given above in respect of Mr./Mrs./Miss.....
.....in the post of Nursing Officer (Hospital Service/Education/Public Health) in Grade 1 are correct, that he/she has completed a continuous, active and satisfactory service period of 22 years in the Nursing Service as at and that he/she has been exempted from the third Efficiency Bar Examination and I recommend/ not recommend that he/she is eligible/ not eligible to be promoted to Supra Grade of the Nursing Service (Hospital Service/Education/Public Health).

Date

.....
Signature of the Head of Institution
and official frank with the name

Part V : Recommendation of the Head of the Decentralized unit (only if applicable)

I certify that all the particulars furnished above are correct and I recommend / not recommend that he/she is eligible / not eligible to be promoted to the post of Nursing Officer (Hospital Service/Education/Public Health) in Supra Grade from the post of Nursing Officer (Hospital Service/Education/Public Health) in Grade I of Nursing Service.

.....
Date

.....
Signature of the Head of the Decentralized
Division and official frank with the name

N.B.

For the purpose of counting the service period of 07 years of Nursing Officers in Grade 1, the service period will be counted either from the date of promotion to Grade 1 or date of promotion to the post of Nursing Officer (Hospital Service/Education/Public Health) in Grade 1 whichever occurs earlier.