

දුරකථන) 0112669192 , 0112675011
தொலைபேசி) 0112698507 , 0112694033
Telephone) 0112675449 , 0112675280

ෆැක්ස්) 0112693866
பெக்ஸ்) 0112693869
Fax) 0112692913

විද්‍යුත් තැපෑ,) postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)



සුවසිරිපාය
சுவசிரிபாய

SUWASIRIPAYA

සෞඛ්‍ය, පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
சுகாதார, போசணமற்றும் சுதேசவைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

මගේ අංකය)
எனது இல)
My No.) NA/06/T/12/2019/உ.அ.

ඔබේ අංකය)
உமது இல)
Your No. :)

දිනය)
திகதி) 2019.07. 26
Date)

Circular No: 01 - 47 / 2019

All Directors of Teaching Hospital /General Hospitals
All Heads of Base Hospitals /Specialized Institutions
Belonging to Line Ministry in the Northern/Eastern Provinces

Calling Applications from Nursing Officers who are Expecting Transfers and are serving in hospitals in the Northern and Eastern Province which Belong to the Line Ministry-2019

Applications for transfers are called from all Nursing Officers in Grade III, Grade II, Grade I and super Grade who seek transfers and are serving in all Hospitals and Institutions in the North and Eastern Province which are governed by the Line Ministry, for the year 2019. Nursing Officers in Grade I (Hospital Service/Public Health/ Education) and Nursing Officers in Special Grade (Hospital Services/ Public Health/ Education) are not eligible to apply for transfers in terms of this circular. Applications for transfers will be called separately for the above posts.

02. Officers who have satisfied the following qualifications are eligible to apply for transfers and they are required to apply for transfers in compliance with the form given in Annexure 01.

- I. Nursing Officers should have completed a continuous service period of two (02) years in the present service station as at the closing date of applications.

03. Method of Application

- I. Only the applications which are in compliance with the given form will be considered in grant of transfers. Further, officers who have applied for transfers but have not received transfers are also required to submit transfer applications in terms of this circular.
- II. Annual transfer orders of all Nursing Officers other than the transfers of Nursing Officers for whom replacements were provided from the Batch 2014B through the letter of My No. NA/05/67/2019 dated 07.02.2019 will stand cancelled on the date this circular is issued. Hereafter, only the officers whose names are in this transfer list will be provided replacements. Therefore, all the remaining officers are required to apply for transfers in terms of this circular.

- III. Heads of Institutions should ensure that accurate and complete information in respect of every officer is furnished. And arrangements should be made to inform the provisions of this circular to all Nursing Officers (including the officers who are on maternity leave and special leave) of the institution. Where any false information is provided or eligible officers are deprived of their opportunity to apply and thereby any convenience is caused respective Heads of the Institutions will be held responsible but not the Ministry of Health.
- IV. All transfer applications should be forwarded along with the recommendations of the Head of Institution through a covering letter under registered cover or arrangements should be made to hand them. On no reason applications submitted in person will be accepted. Every institution should forward the perfected transfer applications which are in line with Annexure I together with the Form No. 01. Every application which is not in line with this notification will be rejected without any notice.
- V. Officers who seek attachments in the Provincial Public Service and against whom there are no disciplinary proceedings should perfect the Appendix 10 of the Procedural Rules of the Public Service Commission (Annexure 02) and submit it along with the transfer application. And with the applications of the officers who have not been confirmed in the service a certified true copy of the results sheets of the G.C.E. (O/L) Examination and G.C.E. (A/L) Examination which have been verified by the Department of Examinations should be attached. In respect of the officers who have been confirmed in the service a copy of the letter of confirmation should also be attached.
- VI. It is stressed that the closing date of applications is 09.08.2019 and applications received after the above date will not be accepted.

04. N.B.

- I. No section in this circular implies that all who submits transfer applications in terms of this circular are granted transfers and it should not be understood so.
- II. Applicants should note that requests of transfers for hospitals where there are no vacancies at the time of considering the applications and the requests of transfers for hospitals for which transfers have specially been called such as Kurunegala, Kegalle, Dental Hospital Maharagama will not be considered.
- III. Applications received are referred to a Transfer Board for grant of transfers. And, the seniority list will be prepared based on the date on which the officers who complete the qualifications given under No.02 as at 09.08.2019 have reported to the present service station. In case the appointment date of the officers is same seniority list will be prepared based on the island merit order of the final year examination of the Student Nurses Training.
- IV. Main object of Human Resource Management is to maintain patient care services up to date. Therefore transfer requests of officers for institutions where there is service exigency and where there are vacancies will be considered. However, it is stressed that officers will not be released without replacements as the patient care services of hospitals are affected.
- V. Eligible officers who have requested to release them permanently to the hospitals which are under the Provincial Councils will be granted transfer orders if vacancies are available in the respective Provincial Council. However. Until the consent of the Provincial Councils to accommodate the officers is obtained and informed to the Heads of Institutions no officer should be released.

05. Name list for the year 2019 which indicates the Northern and Eastern Province special Annual Transfer Board recommendation will be published on the website www.health.gov.lk and appeals will be called. After finalizing the final list consisting of transfer orders will be prepared considering the recommendations of the Appeal Board and will be published on the website www.health.gov.lk. Transfer orders of each hospital will be informed in writing to the respective Head of Institution. You may kindly inform the officers not to visit the Ministry until then to make enquiries in respect of transfers.

N.B.

Recommendations of the transfer Board or Annual Transfer Orders will not personally be informed.

06. Please make arrangements to bring the contents of this notification to the notice of all officers of your institution and inform relevant subject clerks that it is not necessary to forward applications in respect of officers who have already been granted transfer orders. Other matters in respect of transfers which are not mentioned herein will finally be decided by me as per the Establishments Code and Procedural Rules of the Public Service Commission. In the event of any inconsistency between the texts in Sinhala, Tamil and English language the Sinhala text shall prevail.



Secretary
Ministry of Health, Nutrition and Indigenous Medicine

Wasantha Perera
Secretary
Ministry of Health, Nutrition & Indigenous Medicine
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

Copies:

01. Director General of Health Services- For information
02. Deputy Director Generals – For information
03. Directors – For information
04. Trade Unions – For information

Application for Annual Transfers in Both the Northern and Eastern Provinces -2019

Post and Grade:-

(a) Personal information of the officer

01. Full name of the officer :

02. Name with initials :

03. Name with initials (In English) :

04. Date of Birth	05. Age Years: Months: Days:	06. National Identity Card No.	07. Gender (Female/ Male)
08. Permanent Address:	09. Temporary Address	10. Telephone No: Office- Personal-	11. Marital Status
12. Name of the Spouse	13. Occupation and work place of the spouse		

14. Particulars of Children

Name	Age	Schools Attending

15. Particulars of previous service stations in Nursing Service (include the present service station also)

Hospital/ Institution Served	Service Period (From -To)

16. Particulars of request made for transfer

Service Station	Town where the service station is located (If a Hospital under a Provincial Council mention the relevant Provincial Council)
I	
II	
III	
IV	
V	

17. Reason for applying for transfer (regarding above options)

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

I hereby declare that all particulars given above are true and correct.

.....
Date

.....
Signature of the Officer

(b). Recommendation of the Nursing officer in Special Grade

I recommend/do not recommend releasing the officer with/without a replacement.

.....
Date

.....
Signature

(c) To be filled by the Management Assistant in charge of the subject referring to the personal file.

18. First appointment date-..... Student Nurses Training Batch-
.....

Index No-..... Merit No.....

19. Whether the officer has/has not been confirmed in the service-

20. Date reported to the present service station-

21. Service period at the present service station (as at 09.08.2019)

22. Has any disciplinary action been taken against the officer?

(If taken, mention the reference no. and date)

I hereby certify that the particulars provided from No 01. to No.15 and the particulars provided by me from No. 18 to No. 22 are correct according to the personal file of Mr./Mrs./Miss.

.....

.....
Date

.....
Signature of the Management
Assistant in charge of the Subject

(d). Recommendation of the Administrative Officer/ Hospital Secretary

I hereby certify that the particulars provided in the application from No. 01 to No.15 and the particulars provided by the subject clerk from No. 18 to No.22 are correct according to the personal file of Mr./Mrs./Miss. Accordingly, I recommend / do not recommend the application.

.....
Date

.....
Signature

(e). Recommendation of the Head of the Institution

I hereby certify that the particulars provided in the application from No.01 to No. 15 and the particulars provided from No 18 to No 22 are correct according to the personal file.

Request for transfer of the above named officer is recommended with/without a replacement or on the basis of providing a replacement on a later occasion.

.....
Date

.....
Signature and Official Stamp of the Head
of the Institution

APPENDIX 10
(Section 143)

Address:
.....
.....
Date:
.....

(Appointing Authority)

.....
Through (Head of Department/Institution)
.....

Request for permeate/temporary release from the public Service for Service in the post of
..... in the.....

1. Particulars of the officer

1.1 Full Name :

1.2 Service : class: Grade:
.....

1.3 Destination:

1.4 Station:

1.5 Department/Institution:

1.6 Ministry:

1.7 The date on the which the officer was confirmed in the Public Service :
.....

1.8 Age as at the date of request: Years : Months : Date :
.....

1.9 Whether or not the officer has passed all relevant efficiency bars / departmental tests by the date the request is made :

1.10 . If the officer has revived special training for discharging the duties of his present post , please give details.
.....
.....
.....

1.11 If the officer is under bond with the Government for a compulsory period of service , please give details.
.....
.....
.....

1.12 Details of previous temporary releases from the Public Service.

Institution	Destination	Period	Years	Months
.....	fromto
.....	from to
.....	from to

2. The post which the officer expected to serve after release.

1.1 Institution :

1.2 Ministry :

1.3 Trade Union/Welfare Union :

1.4 Post :

1.5 Whether the request is for permanent or temporary release :

1.6 If temporary, for how long :

2.7 The proposed date of assumption of duties in the post :

3. I attach hereto a letter issued by.....expressing willingness to appoint me to the post of in the

I attach hereto a certified copy of the minutes of the Trade union / welfare union stating that I have been selected for the post of in the said union and that it is necessary to get me temporarily released from the Public Service for in the said post. I also attached here to details about the number of members register in the said union and a copy of the approved constitution.

04. I certify that the matters sated by me above are true. This request is submitted in terms of selection 143 of the procedural rules of public commission. Accordingly I request that I be permanently / temporally release form the public service for services in post of In the department / institution

.....
Signature of the Officer

Annual Transfer Form No. 01

Schedule of Annual Transfer Applications for Northern and Eastern Province -2019

.....

Name of the Institution

Serial No.	Name Of the Officer	National Identity Card No.	Grade	Date of first appointment	Date of appointment to your institution	Place willing to be transferred	For office use

I hereby certify that applications of all eligible officers who have applied for transfers are included in this schedule.

Prepared by:

Checked By:

Signature:

Signature:

Name:

Name:

Date:

Date:

.....

Signature and Official Stamp of the Head of Institution