u	දුරකථනු தொலைபேசி Telephone	) 0112669192 , 0112675011 ) 0112698507 , 0112694033 ) 0112675449 , 0112675280		මගේ අංකය எனது இல My No.	) ) CF/EXO/03/2020
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	විදසුත් තැපෑල மின்னஞ்சல் முகவரி e-mail	)postmaster@health.gov.lk )	<b>ම සි</b> වසිරිපාය	දිනය නියනි	) ) <b>13</b> .08.2020
	වෙබ් අඩවිය இணையத்தளம் website	) www.health.gov.lk )	சுவசிரிபாய SUWASIRIPAYA	Date	)

கோவக கூடி செடுக கூடி சூறைக்கை கூடிக்கிய சேவைகள் அமைச்சு Ministry of Health & Indigenous Medical Services

General Circular Letter No: 02-63/2020

Provincial Health Secretaries,

Deputy Director General - National Hospital of Sri Lanka,

Provincial Directors of Health Services,

All Hospital Directors Under the Line Ministry,

Regional Directors of Health Services,

Heads of Departments.

# Third Efficiency Bar Examination for the Related Officer Service Category (MN-4-2006(A) of the Ministry of Health and Indigenous Medical Services - 2020 (1<sup>st</sup> Term)

It is hereby notified that the Efficiency Bar Examination which should be passed by the officers of the Related Officer Service Category for which MN-4-2006 (A) salary scale is stipulated of the Ministry of Health and Indigenous Medical Services before expiry of 5 years from the date of promotion to Grade I, will be held on 12.09.2020 in Sinhala, Tamil and English media. Place and time of the examination will be mentioned on the admission card.

#### 02. Qualifications

Officers who have been promoted to Grade I of a post for which salary scale MN-4-2006 (A) is stipulated of the Related Officer Service Category of Ministry of Health ( Welfare Officer, Publication Officer, Micro Photographer, Audio-visual Officer, Community Health Social Work Officer) and officers who have not yet completed the examination are eligible to apply for this examination.

#### **N.B.**:

Take necessary action to send applications of the officers only who have been promoted to Grade I as at 25.08.2020 which is the closing date of applications and have already received the appointment letters.

#### 03. Applications

Applications prepared by the candidates in accordance with the specimen form of application appended to this circular should be sent by registered post to reach "Director (Examinations) Ministry of Health and Indigenous Medical Services, Suwasiripaya, No.385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before **25.08.2020** through the respective Head of Institute. The Head of Division should certify that the particulars furnished in each application are correct. Two self-addressed envelopes (official or private address) in the size of 9" x 4" inches, affixed stamps to the value of Rs. 45.00 should be sent along with the application. Applications received after the closing date, incomplete or inaccurate will be rejected without notice.

#### N.B.:

Applications should be prepared using a paper of size A4 in such a way that the Nos 01 to 03 appear on the 1<sup>st</sup> side of the paper whilst the Nos 04 to 08 appear on the 2<sup>nd</sup> side of the paper. Applications that do not comply with the above format will be rejected without notice.

#### 04. Examination fees:-

- I Candidates who sit the examination for the first time need not pay examination fees. However in every subsequent sitting they should affix stamps to the value of Rs. 25/= per subject in the stamps cage provided in the application and cancel the same by placing their signature and the date.
- II The fees once paid will not be allowed to transfer for any other examination or refunded under any circumstances.

#### 05. Admission to the Examination :-

- I Candidates whose applications have been accepted will be issued with admission cards.

  The admission cards should be duly completed and submitted to the Supervisor at the Examination center. Otherwise they will not be allowed to sit the examination.
- II Candidates should prove their identity to the Supervisor at the examination hall. For this purpose one of the following documents will be accepted.
  - (a) National Identity Card
  - (b) A formal identity card issued by the Ministry of Health or a relevant institution
  - (c) Valid Driving License
  - (d) Valid Passport

#### 06. Scheme of the Examination:-

This examination consists of one question paper called **General Question paper** which contains easy type questions. Duration is 03 hours for this paper. Total Marks 100. At least 40% of marks should be obtained to pass the examination.

#### 07. Syllabus of the Examination

#### **General Question paper**

- Reading and comprehending notes of a certain statement or a discussion and then preparing a letter and a report.
  - Preparing a letter (25 marks)
  - Preparing a report (25 marks)
- Measuring the ability to analyze the comprehension on current social incidents.
  - 2 questions out of 04 questions on Case Studies should be answered. (50 marks for 02 questions. 25 marks for each question)

#### 08. To follow the Regulations Related to Examination Procedure

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate and should not help any candidate either help another candidate or obtain help from another candidate or person. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

09. Please bring the contents of this circular to the notice of all relevant officers in your Division/Specialized Campaign/ Institution who are in the posts for which the salary scale MN-4-2006 (A) is stipulated of Related Officer Service Category of Ministry of Health & Indigenous Medical Services. The information is also available on the web site –www.health.gov.lk

#### N.B.:

In the event of any inconsistency between the Sinhala, Tamil and English texts of this circular, the notification in Sinhala shall prevail.

HAK Pishpakumara

Deputy Director General (Admin) II

For Secretary

Ministry of Health & Indigenous Medical Services

H. A. Kamal Pushpakumara

Deputy Director General (Administration) 02

Ministry of Health and Indigenous Medical Services

"Suwasiripaya"

S85. Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

## **EXO**

## Specimen Form of Application

For Office	Use Only	

### Third Efficiency Bar Examination for the Related Officer Service Category (MN-4-2006(A) of the Ministry of Health and Indigenous Medical Services - 2020 (1<sup>st</sup> Term)

		rull Name of the Applicant (In Sinhala/Tamil):						
	ii.	Full Name of the Applicant (In English block letters)						
	iii.	Name with initials (In Sinhala/ Tamil):						
	iv.	Name with initials (In English block letters)						
(b)	) i.	Post :-						
	ii.	Date of promotion to Grade I and the number of the letter of promotion:						
	iii.							
	iv.	Mobile Phone Number :-						
	v.	National Identity Card Number :-						
		Present Station of service (In Sinhala):-						
		(In English):-						
	(b)	The working Station administrate by - Line Ministry						
() D' ( ' ( Cd - D ( Cd		- Provincial Council						
	(c)	District of the Present Station of service :						
	(d)	Whether a self-addressed 2 envelopes in the size of 9" X 4" inches with stamps affixed to the value of Rs. 45.00 has been attached to the application to post the Admission Card?						
	(e)	1. Postal Address (In Sinhala) :						
		2. Postal Address (In English Capitals)						

04.	(a) Have you sit this examination before?					
	(b)	If not so, have you affixed stan	so, have you affixed stamps to the application?			
			Stamp Cage			
05.	Certif	fication of the candidate :-				
	(I)	(I) I do hereby certify that the particulars furnished by me in this application are true and accurate to my knowledge and I need not affix stamps since I sit the Examination for the first time / have affixed stamps to the value of Rs since I repeat the Examination, and the stamps affixed by me to the application genuine and not used before.				
	(II)	(II) I agree to abide by the rules and regulations imposed on this examination by Ministry of Health & Indigenous Medical Services and I agree with whatever decision taken to cancel my candidature, if it is found that I am not eligible according to the rules of this examination.				
	Date:			the candidate		
06.	Contil					
	O6. Certification by the officer in charge of personal files  I certify that Mr./Mrs./Miss*					
	Date:		Nam	e and Signature		
07.						
	I do	I do hereby certify that Mr./Mrs./Miss* serves as a				
	in this institution and he / she* sits the Examination for the first time for the first time* and has affixed stamps to the value of Rs / not necessary stamps* and the particulars furnished in the Application are true and correct to his/her* p file and he/she* is eligible to sit for the Examination. he/she* placed his/her* signature					
	me.					
	Date :		Signature of the (Rubb	Head of Institution er Stamp)		
08.	Certif	Certificate of the Head of Decentralized unit / specialized Campaign				
			serves as a	in		
	my In	stitution and particulars furnishe	d in the application are correct in ac e of the candidate and he/she* is elig	cordance with the		
	Date		Signature of Head of Decentr Specialized campaign ( Fran	alized Unit /		

<sup>\* -</sup> Delete words which are inapplicable