දූරකථන 0112669192 .0112675011 0112698507,0112694033 தொலைபேசி Telephone 0112675449,0112675280 ෆැක්ස් 0112693866 பெக்ஸ்) 0112693869 Fax)0112692913 විදුසුත් තැපෑල)postmaster@health.gov.lk மின்னஞ்சல் முகவரி e-mail වෙඞ්අඩවිය) www.health.gov.lk இணையத்தளம்



මගේ අංකය .) எனது இல) My No.)CF/EXJ/06/2020 මබේ අංකය) உ. மது இல) Your No. :) දිනය) திகதி) 2.5 /09/2020 Date)

രമാമമ අමාතമാംശമ சுகாதார அமைச்சு Ministry of Health

General Circular Letter No: 02-84/2020

Provincial Health Secretaries,

Deputy Director General, National Hospital of Sri Lanka,

Provincial Directors of Health Services,

All Directors Hospital Under the Line Ministry,

Regional Directors of Health Services,

Heads of Institutions conncetned.

Third Efficiency Bar Examination for the Officers belonging to the Supervisory Management Assistant Technical Service Catagory (MN – 03 2006 (A)) of the Ministry of Health - 2020 (Second Term)

It is hereby notified that the Efficiency Bar Examination which should be passedbefore expiry of 03 years from the date of recruitmenot Grade I of Supervisory Management Assistant Technacial Service Category ($MN - 03\ 2006$ (A)) of Ministry of Health will be held on 15/11/2020 in the media of Sinhala, Tamil and English. The place and the time of examination will be notified in the admission card.

02. Qualifications

Only the officers in the posts of Photographer, Lift Technician, Air Condition Technician, Plant Supervisor, Transport Officer, Transport Foreman, Electric Technician, Draftsman, Technical Officer (Civil), Technical Officer (Electrical), who have received an appointment in Grade II of Supervisory Management Assistant Technacial Service Category (MN – 03 2006 (A)) of Ministry of Health & Indigenous Medical Services and not yet completed the efficiency bar examination, may apply for this examination.

N.B: Please send me the applications of the officers only who have received appointment letters on beging promoted to Grade 1 by 30/06/2020.

03. Applications

Applications prepared by the candidates as per specimen appended to this circular should be sent under registered cover to the Director (Examinations), "Suwasiripaya" No.385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 15/10/2020 through the respective Head of Institution. The Head of Division should certify the accuracy of contents in each application. Three self addressed envelopes (Candidates can write their Official or private address) in the size of 9" x 4" inches, affixed with stamps to the value of Rs. 45.00 should be sent along with the application. Applications which are received late, incomplete or inaccurate will be rejected.

Note: The application should be prepared using an A4 paper based on the Specimen form of application so as to acomodate from No. 01 to 04 on the first page and from No 05 to 08 on the second page. Applications which are not in compliance with the specimen form will be rejected without any notice.

04. Examination fee:-

- I. Candidates who sit for 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 application and cancel the same by placing their signature and date.
- II. The examination fee once paid will not be allowed to transfer for any other examination or refunded for any reason.

05. Admission to the Examination:-

- I. Candidates whose applications are accepted will be issued with Admission Cards. The Admission card should be duly completed and submitted same to the Supervisor at the Examination Hall. Otherwise they will not be allowed to sit for 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) Identity Card issued formally by the Ministry of Health
 - (c) Valid Driving License
 - (d) Valid Passport

06. Scheme of Examination:-

This efficiency bar examination consists of **General question paper** for Each post and candidates are required to answer any 04 questions out of 05 questions. Total marks is 100 and minimum 40 marks should be secured to pass the examination. Duration is 03 hours.

07 Syllabus

- 7.1 General Questions paper is prepared as follows.
 - I. Read note of a certain statement or a discussion and Preparing a report on a given topic. (25 marks)
 - II. Read note of a certain statement or a discussion and Preparing a letter on a given topic. (20 marks)
 - III. Any two questions should be answered out of 3 case study questions relevant to the duties of a each post. (25 marks per case study, 50 marks in total)

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 equipment's 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 officers serving in your Division/ Specialized Campaign/ Institution. The information is also available on the Web site www.health.gov.lk
- N.B.:- In the event of any inconsistency detween the Sinhala, Tamil and English texts of this notification the notification in Sinhala shall prevail.

Deputy Director General (Admin) 11

For Secretary Ministry of Health

EXJ

Specimen Form of Application

For	Office	Lise	On	h
1 01	Office	USE	OII	IΥ

Third Efficiency Bar Examination for the Officers belonging to the Supervisory Management Assistant Technical Service Catagory $(MN-03\ 2006\ (A)\)$ of the Ministry of Health $\,$ - 2020 (Scend Term)

01	. (a)	i.	and the product (an offinial a).							
		ii.	ii. Full Name of the Applicant (In English block letters)							
		iii.	Name with initials (In Sinhala):							
		iv.	Name with initials (In English block letters) - :							
	(b)	i.	Post :							
	(~)	ii.	Post : Date of the letter of appointment to this post :							
			Number of the letter of appointment to this post :-							
		iii.	Present annual Salary :							
		iv.	National Identity Card No :-							
		vi.	Mobile Telephone No :-							
02	(i)	(a)	Present service station: (In Sinhala)							
	<i>(</i> **)		(In English)							
	(ii)	(b)	It is under the :- Line Ministry Provincial Council							
		(c)	District of the service station Whether two self addressed envelopes in the size of flour than							
		(-)	Whether two self - addressed 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							
		(d)	i. Postal Address (In Sinhala) :							
			ii. Postal Address (In block letters):							
12		(1·								
)3)4			um you sit for the examination (Sinhala / English / Tamil)							
, ,	(a) Have you sat for this examination before? (b) Have you affixed stamp for this time, if sat the examination before?									
	(b) Have you affixed stamp for this time, if sat the examination before?									
			Stamp Cage							

	(i)	knowledge and that I need affixed stamps to the value	articulars mentioned by me in this application are true and correct to my not affix stamps since I sit for the Examination for the first time / have of Rs since I repeat the Examination,* and the stamps affixed by nuine and not used before cancellation.
	(ii)	Examination and I agree w	the and regulations stipulated by the Ministry of Healt concerning this the whatever decision taken to cancel my candidature. If it was found that I the rules of this examination.
		Date	Signature of the candidate
06.		ification of by the Officer	n charge of personal files
a		on correctly according to the	pmitted to me before the closing date and that the applicant has filled the particulars in the personal file and a copy of this application is filed in the
	******	Date	Name and Signature
07.	Cert	ification of Head of Institu	ion
			Miss
fi s	irst time tamp* a	e/not for the first time* and nd the particulars furnished	
	********	Date	Signature of Head of Institution/Rubber Stamp
08.	Cert	ificate of the Head of Dece	tralized unit
		* Mr / Mrs / Miss	Serves as a Grade
	I of Supervisory Management Assistant Technacial Service		ssistant Technacial Service Category (MN - 03 2006 (A)) of Ministry of
	Heal	th in my Institution and the	particulars furnished by her in the application are correct according to the
	parti	culars in his/ her personal fil	and He/she is eligible to sit for this Examination.
		Date	Signature of the Head of Decentralized Unit
			(Frank / Rubber stamp)
			* - Delete irrelavent words

05.

Certificate of the candidate :-