) 0112669192, 0112675011 **උ**රකථන) 0112698507 , 0112694033 தொலைபேசி) 0112675449, 0112675280 Telephone) 0112693866 ෆැක්ස්) 0112693869 பெக்ஸ்)0112692913 Fax)postmaster@health.gov.lk විදසුත් තැපෑල மின்னஞ்சல் முகவரி e-mail) www.health.gov.lk වෙබ් අඩවිය இணையத்தளம்



මගේ අංකය எனது இல) CF/EXG/04/2020 My No. ඔබේ අංකය உமது இல Your No. : 16. /03/2021 දිනය திகதி Date

සවසිරිපාය சுவசிரிபாய SUWASIRIPAYA

සෞඛ්ය අමාතයාංශය சுகாதார அமைச்சு

Ministry of Health

General Circular Letter No.- 02 - 21 /2021

Provincial Health Secretaries (For North, North Central, Sabaragamu, Western , South, Estern & Central Provinces)

Deputy Director General National Hospital of Sri Lanka

Provincial Directors of Health Services (For North, North Central, Sabaragamu, South, Western, Estern & Central Provinces)

Directors of Hospitals under the Line Ministry and

Heads of Institutions

Regional Directors of Health Services(For North, North Central, Sabaragamu, South, Western, Estern & Central Provinces) Heads of Decentralized Units

Third Efficiency Bar Examination for the posts of Primary Semi Technical Officers' Service Category (PL-02-2006 (A)) in the Ministry of Health - 2020(2 nd Term)

It is hereby notified that the third efficiency bar examination for the posts of Primary Semi Technical Officers' Service Category in the Ministry of Health for which the prescribed salary is (PL-02-2006 (A)) and which should be passed before expiration of 05 years after promotion to Grade I will be conducted in the Sinhala, Tamil and English medium on 2021.05.16 venue and the time of the examination will be mentioned on the admission card.

Qualifications: 02.

The employees who are serving in a post under the primary semi skilled service category (PL-02-2006 A) and ordered the salary scale as aforesaid (Painter, Fork Lift Operator, Generator Operator(Old Designation - Machin Operator), Boiler Operator, Shoe maker, Animal Supervisor, Orthopaedic Technical Assistant (Old Designation - Limb Maker & Surgery Equipment Maker), Dark Room Assistant, Entomological Field Attendant, Plumber/ Pump Operator, Bungalow Keeper, Barber, Carpenter, Leather Worker, Welder, Connecter, Mettle Worker, Corsetiere, Lathe Machine Operator, Mason, Black Smith, Cook, Seamstre (Old Designation - Seamstress), Painter (Artist), Health Laboratory Aide (Old Designation -Lab Orderly), Attendant, Telephone Operator, Hospital Overseer) and officer who are promoted to Grade I and the officer who have already been absorbed into grade I, by 2020.12.31 will only be entitled to apply for this post.

N.B: Please take action to send me the applications of the officers only who have been appointed to or absorbed into Grade 1 by 2020.12.31 and have received relevant appointment letters.

Officer exempted from the Efficiency Bar Examination 03.

i. Officer who have completed a satisfactory minimum period of 24 years' service in the relevant post as at 14.08.2012 are exempted from this efficiency bar examination prescribed for Grade I in the relevant post. (Officer appointed to the post before 14.08.1988 and absorbed into Grade I are eligible for exemption.)

i. Surgical Appliance Maker

v. Fitter

ix. Health Laboratory Aide

ii. Leather Worker

vi. Black Smith

x. Welder

iii. Seamstress

vii. Barber

xi. Limb Maker

iv. Painter

viii. Fork Lift Operator

xii. Machine Operator

ii. Officer who have completed a satisfactory minimum period of 14 years' service in the relevant post as at 14.08.2012 are exempted from the efficiency bar examination prescribed for Grade I in the relevant post. (Officer appointed to the post before 14.08.1998 and absorbed into Grade I are eligible for exemption.)

Shoe Maker i.

Animal Supervisor ii.

Dark Room Assistant iii.

Plumber iv.

Carpenter v.

Corsetiere vi.

Mason vii.

Circuit Bungalow Keeper viii.

Cook ix.

Artist

Lathe Machine Operator xi.

Tinker xii.

Hospital Overseer xiii.

Telephone Operator xiv.

Attendant (Male/ Female) XV.

Entomological Field Attendant xvi.

Applications: 04.

Applications prepared by the candidates in accordance with the specimen form of application appended at the end of this circular should be sent by registered post to reach Director (Examinations) Suwasiripaya, No. 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10 on or before 2021.04.15 through the respective Head of Institution. The accuracy of the particulars furnished in each application should be certified by the Head of Division. A self addressed two envelopes (Official or private address) in the size of 9"x4" inches, affixed with 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 an A4 paper based on the specimen form of application so as to accommodate from No 01 to 04 on the 1st page and from No. 05 to 08 on the 2nd page. Applications that do not comply with the specimen will be rejected without notice.

Examination Fees: 05.

- Candidates who sit the examination for the first time are exempted from paying examination fees. Other I. candidates should affix stamps to the value of Rs. 25/= per subject in the application and cancel the same by placing his/her signature.
- The examination fees paid will not be transferred to any other examination or refunded under any П. circumstance.

. . . 06. Admission to the Examination:

- Admission cards are issued to the candidates whose applications are accepted. The admission card should be I. duly completed and submitted to the supervisor of the examination center. Otherwise, it will not be allowed to sit for the examination.
- Candidates should prove their identity to the Supervisor at the Examination Hall. For this purpose, one of II. the following documents will be accepted.
 - National Identity Card a)
 - A Formal identity card issued by the Ministry of Health or a relevant institution b)
 - Valid Driving License c)
 - Valid Passport d)

Scheme of the Examination 07.

- This Examination consists of a subject related question paper.
- It is a written examination and the question paper contains 30 multiple choice questions and 03 structured essay type questions.
- Duration is 01 hour. Total marks for the paper is 100 and minimum of 40 marks should be secured to pass the examination.

Syllabus :-08.

Subject Knowledge

Subjects such as theoretical knowledge related to occupational functions and knowledge on safety, Occupational Health, supply of diets for patients and staff, medical reports, Disaster Management, Waste Management, garden yield, hospital environment and general institutional functions are covered.

To follow the Regulations Related to Examination Procedure 09.

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.

- Please bring the contents of this Circular to the notice of all relevant officers of Primary Semi Technical Officers' 10. service Category for which the salary scale (PL- 02-2006 (A)) is prescribed. (This information can also be obtained from the web site - www.health.gov.lk)
- N.B Sinhala medium notification on examination will be effected if any contradictory is arisen in the examination notification published in Tamil and English mediums.

Signed,

U.A.S. Harshapriya Sisira Kumara eputy Director General (Administration) Deputy Director General (Administration) Director General (Admin II)

Ministry of Health 'Suwasiripaya"

For Secretary

Colombo 10

Ministry of Health

Specimen Form of Application

<u>Third Efficiency Bar Examination for the Posts belonging to Primary Semi Skilled Officers' Service</u> <u>Category (PL- 02—2006 (A)) of Ministry of Health- 2020 (2nd Term)</u>

		Citto				
01	(a)	(i)	Name of the Applicant in full (In Sinhala) :			
		(ii)	Name of the Applicant in full (In block Capitals)			
		(iii)	Name with initials (In Sinhala)			
		(iv)	Name with initials (In block Capitals)			
	(b)	(i)	Post :			
		(ii)	Date of appointment or absorption to Grade I:Letter No			
		(iii)	Present annual salary:			
		(iv)	Mobile Telephone No			
		(v)	National Identity Card No			
02.	(a)	(i)	Present Station of work (In Sinhala):			
02.	325135	7835	(In English):			
		(ii)	It is under the Line Ministry			
		335.1.40	Provincial Council Province			
to the	(b)	District to which it belongs :				
	(c)	Wheth	to which it belongs			
	(4)	(i)	Postal Address (In Sinhala)			
	(d)					
		(ii)	Postal Address (In Block Capitals)			
			1 Ostal Address (in 2-15-15-1			
	V2 1		nich you sit for the examination (Sinhala/ Tamil /English)			
03.	t this amination previously:					
04.	(a) (b)		t, have you affixed stamps to the application?			
	(0)	11 110				
			Stamp Cage			

05.	Certification of the Candidate:					
	(1) I do hereby certify that the perticulars furnished by me in this application are true and					
	accurate to my knowledge an	d I need not affix stamps since I sit the examination for the first				
	time /have affixed stamps to the value of Rssince I repeat the examination, and the					
	stamps affixed by me to the	stamps affixed by me to the application genuine and not used before.				
	I agree to abide by the rules and regulations stipulated by Ministry of Health for the conduct of the examination and if I am found to be ineligible in accordance with the scheme of examination, I agree with whatever decision taken for the cancellation of my candidature.					
	Date:	Signature of the Applicant				
06.	Certification by the Subject Mana	gement Assistant in charge of personal files				
	I certify that Mr./Mrs/Miss					
	personal file and kept a copy of this application attached to the personal file.					
	Date:	Name and Signature				
07.	Cartification of Head of Institution:					
	I certify that Mr/Mrs/Miss					
	Date:	Signature of the Head of Institution				
		(Rubber Stamp)				
levezere eta						
08.	Certification of the Head of Dece	entralized Unit Specialized Campaign.				
	I certify that Mr./Mrs/Miss	certify that Mr./Mrs/Miss				
	and the particulars furnished by hi					
	available in his/her personal file, and					
	this examination and ne/sne placed in	sher signature in any personal				
	Date:					
	- Management of the Control of the C	Signature of the Head of the				
		Decentralized Unit/Specialized Campaign				
		(Rubber Stamp)				