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| தொலைபேசி          | ) 0112698507, 0112694033  |  |  |
| Telephone         | ) 0112675449 , 0112675280 |  |  |
| ෆැක්ස්            | ) 0112693866              |  |  |
| பெக்ஸ்            | ) 0112693869              |  |  |
| Fax               | )0112692913               |  |  |
| විදයුත් තැපෑල     | )postmaster@health.gov.lk |  |  |
| மின்னஞ்சல் முகவரி | )                         |  |  |
| e-mail            | )                         |  |  |
| වෙබ් අඩවිය        | ) www.health.gov.lk       |  |  |
| இணையத்தளம்        | )                         |  |  |
| website           | Š.                        |  |  |



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සෞඛ්‍ය අමාත සාංශය சுகாதார அமைச்சு Ministry of Health

General Circular Letter No: 02-27 /2021

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.

First Efficiency Bar Examination for the post of Health Driver in Grade III for which salary scale PL-3-2006(A) is stipulated of Primary Technical Service Category of Ministry of Health – 2021 (1st Term)

It is hereby notified that the Efficiency Bar Examination which should be passed before expiry of 3 years after recruitment to Grade III of the post of Health Driver, will be held on 2021.05.08 in the medium of Sinhala, Tamil and English. Venue and time of the examination will be mentioned on the Admission Card.

#### 02. Qualifications

Employees who have been appointed to the post of Health Driver in Grade III and who have not yet completed the examination are only eligible to apply for this examination.

#### N.B. :

As mentioned in the General Circular Letter No. 02-90/2015 dated 12.08.2015 of the Secretary of the Ministry of Health, Nutrition & Indigenous Medicine, the officers who have exceeded 3 years in Grade III of Health Drivers' Service as at 27.07.2012 need not appear for this examination, since such officers are exempted from this efficiency bar examination.

#### 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) Suwasiripaya, No.385, Rev. Baddegama Wimalawansa Thero Mawatha, and Colombo 10, on or before 2021.04.15 through the respective Heads of Institutes. The Head of Division should certify that the particulars furnished in each application are correct. A self-addressed 2 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 in compliance with the specimen form of application in the size of A4 using in such a way that No 01 to 03 appear on the first page whilst the No 04 to 08 appear on the second page.

#### 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 for in the application and cancel the same by placing their signature and the date.
- II The fees once paid will not be transferred 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.

  They should duly complete and submit the same to the Supervisor at the Examination centre. 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 is inclusive of one Multiple choice question paper which consists of three parts VIZ Establishments Code, Financial Regulations and Subject Knowledge. Total marks of 100 will be given. Candidates should obtain at least 40% marks to pass the examination. Duration is one hour.

#### 07. Syllabus of the Examination

Establishments Code, Financial Regulations and Subject Knowledge Questions Paper

## Part I - Practical knowledge on road laws (This part consists of 25 questions. Marks 50)

(This part consists of 25 questions. Marks 50)

# Part II - Knowledge on automobile mechanics (This part consists of 10 questions. Marks 20)

Part III - The following chapter of the Establishment Code shall be in accordance with the Procedural Rules of the Public Service Commission

Chapter II - Recruitment Procedure and Appointment

The following shall be in accordance with the chapter of the Establishment Code.

Chapter XLVII - General Conduct and Discipline

Financial Regulations questions shall be in accordance with F.R 102 - F.R 110 (This part consists of 15 questions. Marks 30)

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 Institution. The information is also available on the web site –www.health.gov.lk

N.B.:

Sinhala medium notification on the examination will be effected if any contradictory is arisen in the examination notification published in Sinhala, Tamil and English medium.

Chamika H Gamage Deputy Director General (Admin) II

For Secretary Ministry of Health

(tana

Chamika H. Gamage
Deputy Director General (Administration) II
Ministry of Health
"Suwasiripaya"
Colombo 10.

For Office Use Only



### Specimen form of Application

First Efficiency Bar Examination for the post of Health Driver in Grade III for which salary scale PL-3-2006(A) is stipulated of Primary Technical Service Category of Ministry of Health & Indigenous Medical Services – 2021 (1st Term)

| 01. | (a) | i.      | Full Name of the Applicant (In Sinhala/ Tamil):   |  |  |  |  |  |  |  |  |  |  |
|-----|-----|---------|---|--|--|--|--|--|--|--|--|--|--|
|     |     | ii.     | Full Name of the Applicant (In English block letters)   |  |  |  |  |  |  |  |  |  |  |
| (   |     |         |   |  |  |  |  |  |  |  |  |  |  |
|     |     |         |   |  |  |  |  |  |  |  |  |  |  |
|     |     | iii.    | Name with initials (In Sinhala/ Tamil):   |  |  |  |  |  |  |  |  |  |  |
|     | г   | iv.     | Name with initials (In English block letters)   |  |  |  |  |  |  |  |  |  |  |
|     | -   |         |   |  |  |  |  |  |  |  |  |  |  |
|     | (b) |         | Date of appointment to Grade III :-   |  |  |  |  |  |  |  |  |  |  |
|     |     | ii.<br> | Period of service in Grade III as at 27.07.2012:-   |  |  |  |  |  |  |  |  |  |  |
|     |     | iii.    | Present Annual Salary :-  |  |  |  |  |  |  |  |  |  |  |
|     |     | iv.     | Mobile Phone Number :-  |  |  |  |  |  |  |  |  |  |  |
|     |     | v.      | National Identity Card Number :-  |  |  |  |  |  |  |  |  |  |  |
| 02. | (   | a)      | Present Station of service (In Sinhala) :   |  |  |  |  |  |  |  |  |  |  |
|     | (   | b)      | District of the Present Station of service :-   |  |  |  |  |  |  |  |  |  |  |
|     | (   | c)      | The working Station administrate by - Line Ministry - Provincial Council  |  |  |  |  |  |  |  |  |  |  |
|     | (   | d)      | If provincial council mention province:   |  |  |  |  |  |  |  |  |  |  |
|     | (   | e)      | 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? |  |  |  |  |  |  |  |  |  |  |
|     | (   | f)      | 1. Postal Address (In Sinhala) :-   |  |  |  |  |  |  |  |  |  |  |
|     |     |         |   |  |  |  |  |  |  |  |  |  |  |
|     |     |         | 2. Postal Address (In English Capitals)   |  |  |  |  |  |  |  |  |  |  |
|     |     |         |   |  |  |  |  |  |  |  |  |  |  |
| 03. | N   | Mediu   | m in which you sit for the examination (Sinhala/Tamil/English):   |  |  |  |  |  |  |  |  |  |  |

|                | 04.                                     | (a)  | Have you sit this examination before?   |  |  |  |
|----------------|---|--|---|--|--|--|
|                |   | (b)  | If not so, have you affixed stamps to the application?  |  |  |  |
|                |   |  |   | Stamp Cage   |  |  |
|                | 05,                                     | Certi  | Certification of the candidate:-  |  |  |  |
|                |   | (I)  | accurate to my knowledge and I need first time / have affixed stamps to the                               | lars furnished by me in this application are true and ed not affix stamps since I sit the Examination for the se value of Rs since I repeat the Examination*, application genuine and not used before. |  |  |
|                |   | (II)   | Health, Nutrition & Indigenous M  | gulations imposed on this examination by Ministry of edicine and I agree with whatever decision taken to d that I am not eligible according to the rules of this                                       |  |  |
|                |   | Date   |   | Signature of the candidate   |  |  |
|                | 06.                                     | Certi  | ification of the officer who have hand  |  |  |  |
|                |   | filled   | application before the closing date an  |  |  |  |
| der stema (esp |   | Date:  |   | Name and Signature   |  |  |
|                | 07.                                     | Certi  | fication of Head of Institution:  |  |  |  |
|                | I do hereby certify that Mr./Mrs./Miss* |  | in this institution and the first time* and has affixed stamps to s* and the particulars furnished in the | he / she* sits the Examination for the first time / not to the value of Rs / not necessary to affix Application are true and correct to his/her* personal  |  |  |
|                |   |  |   | Signature of the Head of Institution (Rubber Stamp)  |  |  |
|                | 08.                                     | Certificate of the Head of Decentralized unit / specialized Campaign |   |  |  |  |
|                |   | I certify that Mr./Mrs./Miss*  |   |  |  |  |
|                |   | Date   |   | Signature of Head of Decentralized Unit/ Specialized campaign (Frank / Rubber stamp)   |  |  |
|                |   | * - De   | elete words which are inapplicable  |  |  |  |