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



இல ) CF/EXO/04/2021
My No.

இலி மூறை பிற்ற இல் பிற்ற இல் பிற்ற இல் பிற்ற இல் பிற்ற இல் பிற்ற இல் பிற்ற இரு பிற்ற இர

eகூறக අමාතනාංශය சுகாதார அமைச்சு Ministry of Health

### General Circular Letter No: 02-29/2021

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.

# Third Efficiency Bar Examination for the post of Health Driver in Grade I for which salary scale PL-3-2006(A) is stipulated of Primar 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 5 years after promotion to Grade I of the post of Health Driver, will be held on 05/06/2021 in the medium of Sinhala, Tamil and English. Venue and time of the examination will be mentioned on the Admission Card.

#### 02. Qualifications

The officers who have been promoted to Grade I of the post of Health Driver and those 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, the officers who have exceeded 5 years in the Grade I of Health Drivers' Service as at 27.07.2012 need not apply for this examination, since such officers are exempted from this efficiency bar examination.

Take necessary action to send applications of the officers only who have been promoted to Grade I as at 10/05/2021 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 letter should be sent by registered post to "Director (Examinations), Ministry of Health, Suwasiripaya, No.385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 10/05/2021 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. :

The application should be prepared using an A4 paper based on the specimen form of application so to accomadate from No.01 to 03 on the first page and from No 04 to 08 on the second page. Applications that do not comply with the above format will be rejected without notice.

#### 04. Examination fees:-

- 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 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 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.

  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 conducted as a written test which consists of 50 multiple choice questions on **Subject Knowledge relevant to the post**. Total marks is 100. Candidates should obtain at least 40 marks to pass the examination. Duration is one hour.

Syllabus of the Examination 07.

Subject Knowledge relevant to the post Questions Paper

Training in emergency ambulance techniques and transporting orthopedic patients given by Ministry of Health, knowledge about the contents in the driving manual issued by the Office of the Commissioner of Motor Traffic and knowledge of motor mechanics, knowledge relevant to the course in maintenance of ambulance conducted by the Ministry of Health.

To follow the Regulations Related to Examination Procedure 08.

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsever. 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 in your Institution. 09. 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

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



## Specimen form of application

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

01.	(a)	i.	Full Name of the Applicant ( In Sinhala/ Tamil ):										
		ii.	Full Name of the Applicant (In English block letters)										
	Γ												
	+												
		iii.	Name with initials (In Sinhala/ Tamil):										
		iv.	Name with initials (In English block letters)										
	(b)	(b) i. Date of promoted/ Absorbed to Grade I:											
			Period of service in Grade I as at 27.07.2012 :-										
		ii. iii.	Present Annual Salary :										
			Mobile Phone Number :-										
		iv.											
		v.	National Identity Card Number :-										
02.	Đ	(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	3.	Med	dium in which you sit for the examination (Sinhala/Tamil/English) :										

	04.	(a)	Have you sit this examinat	ion before ?		
3₩.5		(b)	If so, have you affixed star	mps for this time ?		
				Stamp Cage		
	05.	Certi	fication of the candidate :-			
(I) I do hereby certify that the particular accurate to my knowledge and I need first time / have affixed stamps to the				and I need not affix stamps since I sit the	In this application are true and I not affix stamps since I sit the Examination for the value of Rs since I repeat the Examination*, pplication genuine and not used before.	
		(II)	Health and I agree with w	es and regulations imposed on this exant whatever decision taken to cancel my can rding to the rules of this examination.	nination by Ministry of adidature, if it is found	
		Date			nature of the candidate	
	06.	Certification of the officer who have handle the personal file.  I certify that Mr./Mrs./Miss*				
					Name and Signature	
	07.		tification of Head of Institut			
	æ	I do hereby certify that Mr./Mrs./Miss*				
			e :	(	f the Head of Institution Rubber Stamp)	
	08.	Certificate of the Head of Decentralized unit / specialized Campaign  I certify that Mr./Mrs./Miss*				
my Institution and particulars furnished in the application are correct particulars available in the personal file of the candidate and he/she* i examination.					is eligible to sit for this	
		Da	nte	Signature of Head	of Decentralized Unit / ( Frank / Rubber stamp)	
			* -Delet	e words which are inapplicable		

<sup>385,</sup> පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත, කොළඹ 10. 385,வணக்கத்துக்குரியபத்தேகமவிமலவங்சதேரோமாவத்தை,கொழும்பு 10. 385. Rev. Baddegama Wimalawansa Thero Mawatha. Colombo 10. Sri Lanka.