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| தொலைபேசி          | ) 0112698507, 0112694033  |                    | எனது இல    | )               |
| Telephone         | ) 0112675449 , 0112675280 |                    | My No.     | )CF/EXM/01/2021 |
| ෆැක්ස්            | ) 0112693866              |                    | ඔබේ අංකය   | )               |
| பெக்ஸ்            | ) 0112693869              |                    | உமது இல    | )               |
| Fax               | )0112692913               |                    | Your No. : | )               |
| විදපුත් තැපෑල     | )postmaster@health.gov.lk | සුවසිරිපාය         | දිනය       | )               |
| மின்னஞ்சல் முகவரி | )                         | சுவசிரிபாய         | திகதி      | ,               |
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| இணையத்தளம்        | )                         |                    |            |                 |
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|                   |                           | Ministry of Health |            |                 |

General Circular Letter No: 02-54/2021

Provincial Health Secretaries
Deputy Director General National Hospital of Sri Lanka
Provincial Directors of Health Services
Directors of Hospital under the Line Ministry
Regional Directors of Health Services
Heads of Institutions

# Departmental Examination for Preliminary Grade Medical Officers and Dental Surgeons - September 2021

It is hereby notified that the Departmental Examination should be passed by Medical Officers in Preliminary Grade before promotion to grade II during a period of two years & Dental Surgeons before confirmation in the service during a period of three years from the date of appointment to such post as per section 08 of the Medical Service Minute of Sri Lanka in the Health Services published in the Gazette Extraordinary of the Democratic Socialist Republic of Sri Lanka No. 1883/17 of 11.10.2014, will be held on 12/09/2021 in Sinhala, Tamil & English medium. The venue and the time of the examination will be notified along with the Admission Card.

#### 02. Qualifications

Medical Officers in the Preliminary Grade who have not completed the relevant examination and Dental Surgeons who are not confirmed in the service can apply for this examination. Medical officer appointed to a post in the Administrative Grade or Specialist Grade previously without having completed this examination also can apply for the above Examination.

#### 03. Applications

Applications that should be prepared by the candidates as per specimen shown at the end of this circular must be handed over to the head of the institute on or before 06/08/2021 The applications that are certified as all the eligibilities have been fulfilled, should be forwarded to the Director (Examinations), Ministry of Health, "Suwasiripaya" No.385,Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 12/08/2021 through their Heads of Institutions. The Head of Division should certify the accuracy of contents in each application. A self-addressed envelope 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. (Candidates can write their official or private address) 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 the application so as to recommended from 01 to 04 (e) on the first front page and from 04 (f) to 09 on the second page. Applications which do not conform to above will be rejected any information.

#### 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 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 :-

- Candidates whose applications have been accepted will be issued with Admission Cards. They should duly complete and submit 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
- III If you did not receive your admission card due to any unavoidable reason you can trace your examination centre and the index number through the web site; If you were able to trace your examination centre and the index number as mentioned above you are permitted to be presented at the examination centre in the web site together with a letter attesting your signature by your immediate superior officer and sit the examination by establishment of your identity. The Applicants who have received the admission card should certify their signature and should be bought. The applicants who have obtained the certification on their signature will not be entitled to face the examination. (Web site- <a href="www.health.gov.lk">www.health.gov.lk</a>)

## 06. Scheme of the Examination :-

The examination consists of four parts that is three written essay type question papers and a Sinhala/Tamil oral test. Each part carries 100 marks. A minimum of 50 marks should be obtained for each part to pass the examination and this examination could be completed in one sitting or appearing for the parts of the examination in several sittings. At the first attempt officer should appear for all relevant subjects.

## 07. Syllabus of the Examination

## 07.1 Written Examination

# 07.1.1 Establishments Code Questions Paper

Duration 02 hours. Should answer five (05) out of eight (08) questions.

#### Syllabus

- General Regulations of the Department of Health Services in Health Ministry
- (ii) Orders and Regulations of the Public Service Commission
- (iii) Establishments Code

Part II - Chapters XLVII & XLVIII

# 07.1.2 Administration of Hospitals & Dispensaries Questions Paper

Duration 1<sup>1</sup>/<sub>2</sub> hours. Total marks 100. Should answers four (04) questions out of seven (07) questions.

#### Syllabus

#### Health Manual

- I. Administration of Hospital and Public Health
- II. Management of Laboratory Services
- III. Management of Drugs

### 07.1.3 Accounts Questions Paper

Duration 02 hours. Should answers 04 questions out of 07 questions.

#### Syllabus

- Regulations of Stores Accounts of the Department of Health Services (i)
- Sections of Finance in the manual of the Department of Health Services (ii)
- Financial Regulations relating to the daily routine duties of a Medical Officer of Health (iii)

Chapter I

F.R 90, 91, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 113, Chapter II

115, 118, 119

F.R 1, 2, 78

F.R 124, 125, 126, 127, 128, 131, 133, 134, 135, 136, 137, 138, Chapter III

139, 140, 142, 143, 151, 152, 154, 155, 156, 189

F.R 200, 201, 215, 225, 238, 245, 255, 257, 260 Chapter V

F.R 380, 381, 382, 383, 384, 385, 386, 388, 389, 390, 391, 392, Chapter VI

393, 394

F.R 488, 493 Chapter VII

F.R 715, 716, 756, 757, 758 Chapter XIII

#### Procurement Guideline

All Sections Chapter 1

Section number - 2.3, 2.4, 2.5, 2.6, 2.7, 2.8 Chapter 2

Section number - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9 Chapter 3

#### - Sinhala/Tamil Viva Voce 07.2

This oral test is conducted by the staff officers of the Departmental to measure the proficiency in Sinhala/Tamil. Ability of the Sinhala medium officers to communicate in Tamil medium and the ability of the Tamil medium officers to communicate in Sinhala medium regarding the matters that arise while discharging their normal duties is tested. Duration 10 minutes

#### 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 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 in your Division / Specialized 09. Campaign/ Institution. The information is also available in the Web Site - www.health.gov.lk
  - In case of any inconsistency between the texts Sinhala, Tamil and English the text in Sinhala n.b -Language shall prevail.

Chamika H. Gamage

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

Chamika H Gamage

Deputy Director General (Admin) II

For Secretary

Flamo

Ministry of Health

# Specimen form of application

For Office Use Only

# ĘXM

# Departmental Examination for Preliminary Grade Medical officers & Dental Surgeons - September 2021

| 01.  | (a) | i. Full Name of the Applicant (In Sinhala):                     |  |                           |   |                                    |  |  |
|------|-----|---|--|---------------------------|---|------------------------------------|--|--|
|      |     | ii.   | Full Name of the Applicant (In English Capitals Block Letters)   |                           |   |                                    |  |  |
|      |     |   |  |                           |   |                                    |  |  |
|      |     |   |  |                           |   |                                    |  |  |
|      |     |   |  |                           |   |                                    |  |  |
|      |     | iii.  | Name with initials (In Sir   | nhala):                   |   |                                    |  |  |
|      |     | iv.   | Name with initials (In En  | glish Block Letters)      |   |                                    |  |  |
|      |     |   |  |                           |   |                                    |  |  |
|      |     |   |  |                           |   |                                    |  |  |
|      | (b) | i.  | Designation (Please mark $()$ in relevant cage)  |                           |   |                                    |  |  |
|      | 8.0 |   |  |                           |   |                                    |  |  |
|      |     |   | I. Medical Silver  |                           |   |                                    |  |  |
|      |     | ii.   | Date of Internship appoi   |                           | 38 38 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10 |                                    |  |  |
|      |     | tii.  |  | ne preliminary Grade/ Gra |   |                                    |  |  |
| 02.  |     | Subjects  | s Offered (Mark "✓" wir  | hin the cages against the | subjects you offer in the                         | nis Examination. Mark "X"          |  |  |
|      |     | against   | the subjects not offered)  |                           |   |                                    |  |  |
|      |     | Admin. of Hospitals & Dispensaries Establishments Code Accounts |  |                           |   |                                    |  |  |
|      |     | Admin.  |  |                           |   | ]                                  |  |  |
|      |     |   | Sinhala Viva Voce  |                           | I Viva Voce                                       |                                    |  |  |
| 03.  |     | Mediun  | edium you sit for the examination (Mark "✓" in relevant cage)  |                           |   |                                    |  |  |
|      |     | Sinhala   | Englis   | sh Tam                    | ii  |                                    |  |  |
| 04.  |     | (a)   | i. Present Station :   |                           |   |                                    |  |  |
| 0.11 |     |   | ii. This Institution belongs to; Line Ministry   |                           |   |                                    |  |  |
|      |     |   |  | Provincial Co             |   |                                    |  |  |
|      |     | (b)   | i. If Provincial Council   | mention Province:         |   |                                    |  |  |
|      |     |   | ii. District of the Preser   | t Station :               |   |                                    |  |  |
|      |     | (c)   | Mobile Telephone No  |                           |   |                                    |  |  |
|      |     | (d)   | National Identity Card   | No                        |   | C.I. S. Hawing contact             |  |  |
|      |     | (e)   | Please mark '\' in the relevant cage of the examination centre you prefer out of the following centers. (If any or several examination centers, out of those given below, would be cancelled due to a departmental requirement or due to absence of a sufficient number of candidates. In such an instance, the candidates already attached to such centers would be re-attached to a closest examination centre or to another centre as decided by the Director General of Health Services) |                           |   |                                    |  |  |
|      |     |   | Colombo  | Kandana                   | Hambantota  | Ampara                             |  |  |
|      |     |   | Colonido   |                           |   |                                    |  |  |
|      |     |   | Kaluthara  | Galle                     | Badulla   | Vavuniva                           |  |  |
|      |     |   | Kaluthara  Kurunegala  | Galle Anuradhapura        | Badulla Rathnapura                                | Vavuniva  Polonnaruwa  Trincomalie |  |  |

| •         | (f)   | Whether two s<br>Rs.45.00 has b   | elf-addressed envelo<br>een attached to the ap   | pes in the size of 9 x 4 in opplication to post the Adm                                 | ission Card?   | the value of   |
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|           | (g)   | 30.50   | 67   |   | ) :  |  |
|           |   | (ii) Postal Ad  | ddress to post the Adr   | mission Card (In English):  | ÷  |  |
| 05.       | (a) Whether you sit for the examination for the first time: |   |  |   |  |  |
|           | (b) If not so, have you affixed stamps to the application?  |   |  |   |  |  |
|           |   |   |  | Stamp Cage  |  |  |
| 06.       | Certi   | ficate of the cano  | lidate :-  |   |  |  |
|           | (i)<br>(ii)   | knowledge and<br>to the value of R<br>are genuine and<br>I agree to abide<br>Examination and<br>whatever decision   | I need not affix stamples since I rependent used.  by the rules and region of I was found ineligon taken for the cance | os since I sit the Examinat<br>at the Examination,* and t<br>ulations stipulated by the |  | onduct of this   |
|           | Date  |   |  |   |  |  |
| 07.       | Certification of the officer who handle the personal file.  |   |  |   |  |  |
|           | appli   | I certify that this application was handed over to me before the closing date and particulars furnished by the applicant in this application are true and accurate according to the particulars in the personal file and a copy of this application is attached to the personal file. |  |   |  |  |
|           | Date  | :   | 2330000<br>  | ii.   | Name and Signature   |  |
| 08.       | I cer<br>and to<br>person<br>he/sh                          | the particulars fu<br>onal file, and he/s   | s./Miss<br>rnished by him/her is<br>the sit the examination<br>signature in my prese                                   | in the application are cor<br>on for the first time and h                               | a in the rect according to the particular she is eligible to sit this expenses a signature of the Head of I (Rubber Stamp) | his institution,<br>ulars in his/her<br>camination and |
| 09.       | Ceri  |   |  | unit / specialized Campa  |  |  |
| <b>92</b> | *Mr/Mrs/Miss  |   |  |   |  |  |
|           | Date  |   |  |   | Signature of Head of Dec<br>Specialized campaign<br>(Frank / Rubber Stamp)   | entralized unit/                                       |

(\*-Delete words which are inapplicable)