උරකථන 0112669192,0112675011 தொலைபேசி) 0112698507, 0112694033 Telephone) 0112675449, 0112675280 **೧೯೭ವೆ**ಟೆ) 0112693866 பெக்ஸ்) 0112693869 Fax)0112692913 විදපුත් තැපෑල)postmaster@health.gov.lk மின்னஞ்சல் முகவரி e-mail වෙඞ්අඩවිය) www.health.gov.lk இணையத்தளம் website



SUWASIRIPAYA

මසෟබපඅමාතපාංශය சுகாதாரஅமைச்சு

Ministry of Health

General Circular Letter No: O2 -10/2022

Provincial Health Secretaries

Deputy Director General - National Hospital of Sri Lanka

Provincial Directors of Health Services

All Hospital Directorsunder the Line Ministry

Regional Directors of Health Services

Heads of Departments

Efficiency Bar Examination for Dental Technicians in Grade Ibelonging to Paramedical service (MT -06 salary scale) of the Ministry of Health -2021

It is hereby notified that the Efficiency Bar Examinationwhich should be passed by Dental Technicians in Grade Ibefore expiration of 05 years from the date of promotion to Grade I, will be held in the Englishmedium. The date, venu eandthe time of the examination will be notified along with theadmission card.

02. Qualifications

Only the Dental Technicians in Grade I and the Officers who are not exempted from the Efficiency bar Examination according to paragraph 03 below will apply for this examination.

03. In terms of the new scheme of recruitment

As Per the PA circular 6/2006 The New SOR related to the above post Approved by Public Service Commission which is effective from 27.09.2016, the officers who have completed a satisfactory period of service of five (05) years in for the effective date of 27.09.2016 Grade 1 are exempted from the requirement of passing the third Efficiency bar Examination.

N.B- Take necessary actions to send applications of the officers who have been appointed to Grade I as at 31.12.2021 and received relevant appointment letters.

04. Applications

Applications prepared by the candidates as per specimen appended at the end of this circular should be sent under registered cover to reach the Director (Examinations), "Suwasiripaya" ,No.385, Ven. BaddegamaWimalawansaTheroMawatha, Colombo 10, on or before 28.02.2022 through their Heads of Institutions.The Head of Division should certify the accuracy of contents in each application. Two self addressed envelope (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 accommodate from 01 to 04 on the first page and from 05 to 08 on the second page. Applications which do not confirm to above will be rejected without any information.

05. Examination fees:-

- i. Candidates who sit the examination for the first time and not need to 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 refunded or transferred to other examinations under any circumstances

06. Admission to the Examination:-

- I 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 centre. 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

07. Scheme of the Examination:-

This examination consists of an essay type question paper on subject knowledge relevant to the post. Duration is 3 hours. The question paper consists of 08 and 05 questions should be answered. Total Marks 100. Minimum 40 marks should be obtained to pass the Examination.

08. Syllabus of the Examination

Syllabus

- 1) Supervision & Using of Dental LaborataryEquipments and Meterials.
- 2) Impression casting by using various type of Plaster
- 3) Angel Trimming of Model
- 4) Construction of Special Tray by using Acrylic
- 5) Construction of Full & Partial Bite Blocks by using wax
- 6) Construction of study Models.
- 7) Construction of Full & Partial trials.
- 8) Processing of full &ParticalDenturs
 - (D Flasking Trimming Polishing)

- 9) Denture Repair by using cold cure Aorylic(Re Lining, Re-Basing, addition)
- 10) LowerBendnig Work
- 11) Removable Othodonticsappliances
- 12) Carving teeth on accurytic dies
- 13) Counstraction of Obturators&Surgical plates

09. 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.

10. Please bring the contents of this circular to the notice of Medical Laboratory Technologists in Grade I in your Institution. The information is also available on 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 notifications published in Tamil and English mediums.

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

For Office Use Only

Efficiency Bar Examination for Dental Technicians in Grade I belonging to Paramedical service (MT -06 salary scale) of the Ministry of Health -2021

01. (a) i. Full Name of the Applicant (In Sinhala):	(a) i. Full Name of the Applicant (In Sinhala):					
ii. Full Name of the Applicant (In Engish block letters)						
iii. Names with initials(In Sinhala)						
iii. Names with initials(In Sinhala)						
iv. Names with initials(In Engish block letters)						
(b) i. Date of promotion to Grade I:						
Letter No:						
ii. Present Annual Salary :						
iii. Mobile Phone Number :-						
iv. National Identity Card Number :-						
v. E-mail address :						
v. E-mail address :						
02.(a) Present Station of Service -(In Sinhala):-						
- (In Engish):						
(b) District of the present station of Service:						
(c) Working Station of Administrate by: - Line ministry: - Provincial council:-						
(d) If Provincial Council mention Province:						
(e) Whether Two self-addressed envelope 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	า					
Card?						
(e) i) Postal Address (InSinhala):-						
	•					
ii) Postal Address (In Engish):-						
02 M-1:						
03. Medium you sit for the examination .(Sinhala/Tamil/English)						

04 .(a) How you sat this exar	mination before:		EVI
(1		fixed stamps to the application?		EXI
		Stamp Cage		
05.	Certificate of the can	ndidate :-		
	(i) I do hereby ce	ertify that the particulars mentioned by me	e in this application a	re true and accurate
19		edge and that I need not affix stamps since		
		stamps to the value of Rs since I		
		to the application are genuine and not use		
	(ii) I agree to abic	de by the rules and regulations stipulated	by the Ministry of H	elth concerning this
		and I agree with whatever decision taken t		
		eligible according to the rules of this exam		
			Signature of the	candidate
06.	Certification of by th	he officer incharge of personal files		
	Date		Name and Si	gnature
07.	Certification of Head	of Institution		
	I do hareby cert	tify that *Mr/Mrs/Miss	•••••	Serves as
a		in this institution and he / she* sits		
th	ne first time * he / she	e* need not affix stamps / has affixed	stamps to the value	of Rs to the
		placed his / her* signature in my presence		
	Date		e of Head of Institutio	n/Rubber Stamp
08.		d of Decentralized unit / specialised Car	- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17	
		ov. Division / Comprise & color		
		ny Division / Campaign* and the particulars available		
	eligible to sit for the Exa	accordance with the particulars available	in his / her* personal	I file and he / she*
	Date		lead of Decentralized	FOUNTION
			sed campaign	T. 310E4
			Rubber stamp)	ū
	* - Delete wor	ords which are inapplicable	•	