දූරකථන 0112669192,0112675011 தொலைபேசி 0112698507,0112694033 0112675449,0112675280 Telephone ෆැක්ස් 0112693866 பெக்ஸ் 0112693869 Fax 0112692913 විදයුත් තැපෑල )postmaster@health.gov.lk மின்னஞ்சல் முகவரி වෙබ් අඩවිය ) www.health.gov.lk இணையத்தளம் website



සෞඛ්‍ය අමාත්‍යාංශය சுகாதார அமைச்சு Ministry of Health

මගේ අංකය	)
எனது இல	)
My No.	)CF/EXM/01/2022
ඔබේ අංකය	)
உமது இல	)
Your No.:	)
දිනය	)
திகதி	)
Date	)25/06/2022

General Circular Letter No: 02 - 52/2022

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 2022

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 25/09/2022 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, should be forwarded to the Director (Examinations), Ministry of Health, "Suwasiripaya" No.385,Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 29/07/2022 through their Heads of Institutions. The Head of Institutions 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.
- 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- www.health.gov.lk)

#### 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

- (i) 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)

F.R 1, 2, 78 Chapter I

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

115, 118, 119

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

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

#### **Procurement Guideline**

Chapter 1 All Sections

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

#### 07.2 Viva Voce - Sinhala/Tamil

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" Colora bo 10.

(Mama Chamika H. Gamage Deputy Director General (Admin) II

For Secretary

Ministry of Health



## Specimen form of application

For Office Use Only

# Departmental Examination for Preliminary Grade Medical officers & Dental Surgeons - September 2022

01.	(a)	) i. Full Name of the Applicant (In Sinhala):																
		ii. Full Name of the Applicant (In English Capitals Block Letters)						•••••										
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													-					
			N 21 22 1		. 1 . 1													
		iii.	Name with initials	(In S	innaia):													
		iv.	Name with initials	(In E	nglish Blo	ck Letter	s)											
												T				Ι		
	(b)	i i	Designation (Please	e mai	k (√) in re	elevant ca	ge)											
	(0)	••																
			I. Medical Officer II. Dental Surgeon															
		ii.	Date of Internship	\$ 1			1 / 6		1 11		•••••							
		iii.	Date of appointmen		•													
02.			s Offered (Mark "  the subjects not offe		thin the c	ages aga	inst	th	e subject	ts you	offer	in	this	Exa	ninat	tion.	Mar	k "X
			X										1 .					
		Admin.	of Hospitals & Disp	ensai	ies	E	Estab	lis	hments (	Code	L		] A	ccoi	unts			
	0	Sinhala	Viva Voce			T	ami	١١	iva Voc	e								
03.		Mediun	n you sit for the exar	ninat	ion (Mark	"√" in re	eleva	ınt	cage)									
		Sinhala	I	Englis	sh		Та	m	il									
04.		(a)	i. Present Station:						_									•
			ii. This Institution	belon	igs to;	Line M Province		8	A17 - 1									
		(b)	i. If Provincial Co	uncil	mention I				P									
		(0)	ii. District of the P			:				*******								
	540	(c)	i. Mobile Telepho															
			ii. E-Mail Address	:														,
		(4)				II			т т	Т.			1	T	7			
		(d)	National Identity C Please mark ' $\sqrt{\ }$ ' in t			ge of the o	exam	nir	ation ce	ntre vo	ou pre	fer (	out o	of the	_ e foll	owin	g ce	nters
		(e)	(If any or several	exai	nination	centers, c	out c	of	those g	iven b	elow,	WC	ould	be i	cance	elled	due	to
			departmental require	ady a	ttached to	such cent	ters v	W	ould be r	e-attac	hed to	ac	lose	st ex	amin	ation	cen	ter o
			to another center as	deci	ded by the	Director	Gen	er	al of He	alth Se	rvices	s)						
		Colombo Kandana Hambantota									Aı	mpar	a					
			Kaluthara		Galle				Badull	a			V	avun	iva			
			Kurunegala		Anurac	lhapura			Rathna	apura			Po	olonr	aruw	va		
			Kandy		Battica	loa			Jaffna				Tı	rinco	malie	e		

	(f)	Whether two self-addressed 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?								
	(g)	(i) Postal Address to post the Admission Card (In Sinhala ):								
		(ii) Postal Address to post the Admission 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.	Cert	ificate of the candidate :-								
	(i) (ii)	I do hereby certify that the particulars furnished by me in this application are true and accurate to my knowledge and I need not affix stamps since I sit the Examination for the first time / have affixed stamps to the value of Rs since I repeat the Examination,* and the stamps affixed by me to the application are genuine and not used.  I agree to abide by the rules and regulations stipulated by the Ministry of Health for the conduct of this Examination and if I was found ineligible in accordance with the scheme of the Examination I agree with								
		whatever decision taken for the cancellation of my candidature.  Date								
		Signature of the candidate								
07.		Certification of the officer who handle the personal file.								
	I certify that this application was handed over to me before the closing date and particulars furnished by the									
	cant in this application are true and accurate according to the particulars in the personal file and a copy of									
	this a	application is attached to the personal file.								
		:								
08.		ification of Head of Institution:								
	I cer	tify that Mr./Mrs./Miss in this institution,								
	and	the particulars furnished by him/her in the application are correct according to the particulars in his/her								
	perso	onal file, and he/she sit the examination for the first time and he/she is eligible to sit this examination and								
	he/sh	e placed his/her signature in my presence.								
	Date	Signature of the Head of Institution (Rubber Stamp)								
09.	Cert	ificate of the Head of Decentralized unit / specialized Campaign								
	*Mr/ Surg in ac	Mrs/Missserves as a Medical Officer/ Dental eon* in my Division / Campaign* and the particulars furnished by him / her* in the Application are correct cordance with the particulars available in his / her* personal file and he / she* is eligible to sit for the nination.								
	Date	Signature of Head of Decentralized unit/ Specialized campaign (Frank / Rubber Stamp)								

(\*-Delete words which are inapplicable)