

My No: DDG/NCD/PHI/47/2019

Deputy Director General (NCD) Unit

Ministry of Health, Nutrition & Indigenous  
Medicine

'Suwasiripaya'

No. 385, Rev. Baddegama Wimalawansa  
Thero Mawatha,

Colombo 10.

2019.06.06 .

Deputy Director General of National Hospital of Sri Lanka

All the Provincial Directors of Health Services

All the Regional Directors of Health Services

DDG/E & OH

**Three Months Certificate Course in Food Hygiene and Safety for PHI - 2019**

Ministry of Health, Nutrition & Indigenous Medicine has taken steps to conduct three months Certificate Course in Food Hygiene and Safety – 2019, at the Research Services Center of the Faculty of Science of the University of Kelaniya. The duration of this certificate course is 03 months. Applications are hereby invited from the Public Health Inspectors (PHI) of Grade I and Grade II, who are presently serving in the Medical Officers of Health areas, or directorates of Deputy Director General (Environment & Occupational Health). The certificate course is planned to be conducted in 2019. The exact date will be notified later.

02. Application form is attached. Closing date of the application is 30<sup>th</sup> June 2019. All application sent after the closing date will be rejected. Please bring this letter to the attention of all suitable officers.

03. All successful applicants will be called for an interview. No allowance will be made for travelling.

04. If selected, the travelling and other allowances for selected officers should be paid by the relevant Provincial Health Departments or by the institutions as per the Establishment Code and Financial Regulations.

05. Selected PHIs should report to the Research Services Center of the Faculty of Science of the University of Kelaniya on the scheduled date for the course. If any selected PHI is unable to attend to this course, it should be informed to us through their Heads of the Institution, before the commencement of course and next suitable officer will be selected for this course.

06. It should be noted that 80% attendance will be strictly considered during the course period.

07. Applications should be prepared as per specimen form appended, duly certified by Head of Institution, and should be sent by registered post to the below mentioned address on or before 30<sup>th</sup> June 2019 through the Head of the Institution.

Deputy Director General (Non-Communicable diseases)  
(PHI Certificate Course in Food Hygiene)  
Ministry of Health, Nutrition & Indigenous Medicine  
'Suwasiripaya'  
No. 385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

08. The words "Application for three Months Certificate Course in Food Hygiene and Safety – 2019" should be written legibly on the top left-hand corner of the envelop.

  
Dr. Anil Jasinghe

Director General of Health Services

**Dr. Anil Jasinghe**  
Director General of Health Services  
Ministry of Health, Nutrition & Indigenous Medicine,  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

**Three Months Certificate Course in Food Hygiene and Safety – 2019**

01. (a) Name with initials:.....

(b) Name denoted by initials:.....

.....

(c) National Identity card number:.....

02. Address: .....

.....

03. Telephone No.:

Mobile: .....

Email: .....

04. Present place of work: .....

05. Reg. No. in Medical Council: .....

06. (a) Date of birth: Y ..... M ..... D .....

(b) Age in years

(c) Service period in years by the closing date of applications

07. (a) Present Grade: .....

(b) Date of appointment to the present grade: .....

08. In-service training received during last 03 years, with the relevant training and period:

.....

.....

09. How can this training help you to perform better

.....

.....

I hereby certify that the particulars given by me in this application are true and accurate and declare my agreement to serve at least 2 years in the field following the successful completion of this training. If any information is found to be incomplete or incorrect, I am fully aware that my application will be rejected.

Date:

Signature of the Applicant

**Recommendation of the Medical Officer of Health**

Date:

Signature of Medical Officer of Health

**Recommendation of the Head of Institution**

I hereby recommend / not recommend the application and agree. He/she can be released if selected to follow the course.

Date:

Signature of the Head of the Institution