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e-mail )  
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இணையத்தளம் )  
website )



මගේ අංකය )  
எனது இல ) ETR/T/SLPSAS & IT/01/2022  
My No. )  
ඔබේ අංකය )  
உமது இல )  
Your No. )  
දිනය )  
திகதி ) 3 .04.2023  
Date )

## සෞඛ්‍ය අමාත්‍යාංශය சுகாதார அமைச்சு Ministry of Health

To all Head of the Institution

### Re. Calling nomination for Training IT

The Association of Public Finance Accountants of Sri Lanka (APFASL) is organizing the Training Program on IT to managerial position officers in respective institutions. The IT program comprises seven modules over 35 two-hour virtual sessions (via the zoom platform) and is likely to be conducted continuously during selected weekdays. A daily session of two hours and 35 sessions over a period of approx three months (spread over two years) is estimated to complete the program. The Content of program is attached herewith. (Annexure II)

Please be kind enough to nominate one person in order to forward the nominees to the Association of Public Finance Accountants of Sri Lanka (APFASL) for selection to the training program.

Furthermore give the nominees details according to the application provided herewith (Annexure I) and send to DDG ET & R Unit by post, and also fill the Google form provided, and send the scan completed copy with signatures to email [ddgetr@health.gov.lk](mailto:ddgetr@health.gov.lk) to expedite the process.


(link to the Google form <https://forms.gle/yZUJ9Le1WU19bxfN6> ). The application and Google form link is provided in MOH website under the staff access, ET&R unit training section.

Please send your nominations on or before 30<sup>th</sup> of April 2023.

Your cooperation in this regard is highly appreciated.

If you need any further clarifications please call

– Dr. Rikaz Sheriff – 0112675333

  
Dr. Asela Gunawardena  
Director General of Health Services

**Dr. ASELA GUNAWARDENA**  
Director General of Health Services  
Ministry of Health  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha  
Colombo 10.

Copies :

1. DDG – ET & R
2. Director - Training

Annexure I

Application form for IT training

Status : Dr. / Mr. / Mrs. / Ms. ....

Surname : .....

Initials : .....

Name of the Institution you are working : .....

Place of work in the Institution : .....

Designation : .....

Province : ..... District : .....

Age (Yrs) : .....

Highest IT Qualification : .....

Email Address : .....

Mobile Number: ..... WhatsApp Number : .....

.....

Signature of applicant

I recommend and forward this application

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Signature of the Head of the Institute

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Seal of the Head of Institution