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இணையத்தளம்)
website)



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சுவசிரிபாய
SUWASIRIPAYA

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 Program of Sri Lanka Public Sector accounting Standards (SLPSAS)

The Association of Public Finance Accountants of Sri Lanka (APFASL) is organizing the Training Program of Sri Lanka Public Sector accounting Standards (SLPSAS) to accountancy qualified personnel in respective institutions. The SLPSAS program consists of twenty-four sessions/programs over the next two years. Each program planned to be held over four days (over two weeks) and focuses on the standards 11-20. A program will accommodate a batch of 25-30 participants and will be conducted covering all provinces of the country.


Please be kind enough to nominate one person (Accountant / Accountancy Qualified) 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 to expedite the process. (link to the Google form <https://forms.gle/RdAjGJyg3jxiMzpg9>). 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 30th 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 training on SLPSAS

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 Accountancy Qualification :

Email Address :

Mobile Number: WhatsApp Number :

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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