

General Circular Letter No: 02 - 62/2018

My No: TCS/B/21/2018

Ministry of Health, Nutrition & Indigenous Medicine

"Suwasiripaya"

385, Rev.Baddegama Wimalawansa Thero Mawatha,

Colombo-10.

14 /03/2018

To: All Provincial Health Secretaries,

All Provincial/Deputy Provincial/Regional Directors of Health Services,

All Heads of Decentralized Units of Health Services.

All Directors of Teaching Hospitals, Provincial General Hospitals & Specialized Campaigns,

All Medical Superintendents & District Medical Officers,

All Specialist Medical Officers.

## Applications for Specialists Post in the Ministry of Health, Nutrition & Indigenous Medicine (End posts)

Applications are invited from suitably qualified Specialists for the following post in the Ministry of Health, Nutrition & Indigenous Medicine. Applications are accepted only from those officers who are Board Certified as Specialists and not from those who claim eligibility pending Board Certification by Postgraduate Institute of Medicine.

Station	Posts	No of Posts	Points will be Calculated up to
National Hospital of Sri Lanka - Colombo	Consultant General Physician	01 Post	2018.04.20

Appointments will be made as per the Health Services Minute appearing in the Government Gazette No: 1176/15, dated 22<sup>nd</sup> March 2001.

Heads of Institutions are requested to bring the contents of this Circular to the notice of all Specialist Medical Officers, in their institutions. All eligible applicants are hereby requested to send in their applications in the format annexed herewith through their Heads of Institutions and Heads of Decentralized Units to reach this office on or before 16 / 04/2018. Applications received at this office after the closing date will not be entertained. Please send a direct copy to:

Director (Tertiary Care Services)
Ministry of Health, Nutrition & Indigenous Medicine
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha
Colombo 10.

Those who wish to withdraw their applications could do so in writing to the Director General of Health Services within two (2) weeks of the closing date of applications. No subsequent withdrawals will be entertained and if the applicant is selected to the post he/she will have to accept the post.

Undergraduate and postgraduate teaching is an important part of duties of all Specialists attached to the Ministry of Health, Nutrition & Indigenous Medicine. The selected candidates would be required to perform this function as well.

All Heads of Institutions and Specialist Medical Officers may be contact Director (TCS) of this Ministry for any further clarification. (Office Tel. No. 011-2699145).

Janaka Sugathadasa

Secretary

Janaka Sugathadasa

Ministry of Health, Nutrition & indigenous Medicine

"Suwasiripaya"

Secretary

:385, Rev. Baddegama Wimalawansa Thero Mawatha,

Ministry of Health, Nutrition & Indigenous Medicine

Cc:

01. Director, PGIM

02. Secretary, AMS

03. Secretary, GMOA

3

## APPLICATION FORM (TCS/B/21/2018) FOR SPECIALISTS POSTS IN THE MINISTRY OF HEALTH, NUTRITION & INDIGENOUS MEDICINE (END POSTS)

1 Name of the applicant  2 a. Present Post			•		
b. Present Station c. Date of report to present Station d. Date of appointment to Preliminary Grade Date of appointment to Grade 1 Date of appointment to Grade 1 Date of appointment to Grade 1 Date of Spointment to Grade 1 Date of Board Certification  Petails of no pay leave obtained  Beautifications publications order of preference)  Qualifications 1 Qualifications 2 3 Qualifications 2 3 Contact Numbers Private  Description that the above particulars are true and correct.  Date	1	Name of the applicant			
b. Present Station c. Date of report to present Station d. Date of appointment to Preliminary Grade Date of appointment to Grade 1 Date of appointment to Grade 1 Date of appointment to Grade 1 Date of Spointment to Grade 1 Date of Board Certification  Petails of no pay leave obtained  Beautifications publications order of preference)  Qualifications 1 Qualifications 2 3 Qualifications 2 3 Contact Numbers Private  Description that the above particulars are true and correct.  Date	2	a Present Post		<u> </u>	
c. Date of report to present Station 3 Date of appointment to Preliminary Grade 4 Date of appointment to Grade 1 5 Date of appointment to Grade 1 6 Date of Board Certification 7 Details of no pay leave obtained 8 End Stations applied for( According to the order of preference) 9 Qualifications 10 Special Claims 11 Contact Numbers Official 12 Personal Address 12 Official 14 Private 15 Other Potential and correct.  Date of appointment to Grade 1 1					
Date of appointment to Preliminary Grade   4   Date of appointment to Grade   1		C. Date of report to present Stati			
Date of appointment to Grade 1	3	Date of appointment to Prolimina Cont			
Date of appointment to Grade 1		Date of appointment to Preliminary Grade	<u> </u>		
Date of Board Certification   Prom (Date)   To (Date)		Date of appointment to Grade 11		/	
Details of no pay leave obtained    From (Date)   To (Date)		Date of Board Configuration			
Details of no pay leave obtained    From (Date)   To (Date)		Date of Board Certification			
9 Qualifications   2   3   1   2   3   3   10   Special Claims   Dispersations of the Head of the Institution   Signature   Si	,	Details of no pay leave obtained	From (Date)	To (Date)	
9 Qualifications   2   3   1   2   3   3   10   Special Claims   Dispersations of the Head of the Institution   Signature   Si			·		
9 Qualifications   2   3   1   2   3   3   10   Special Claims   Dispersations of the Head of the Institution   Signature   Si	8	End Stations applied for According to the	1		
9 Qualifications   1   2   3   3   10   Special Claims   Dispecial Cla		order of preference)			
9 Qualifications  10 Special Claims  11 Contact Numbers Official Private  12 Personal Address  It do hereby certify that the above particulars are true and correct.  Date		, and or providence)			
9 Qualifications 2 3 10 Special Claims 11 Contact Numbers Official Private 12 Personal Address If do hereby certify that the above particulars are true and correct.  Date	. *		<del></del>		
3  10 Special Claims  11 Contact Numbers Official Private  12 Personal Address  I do hereby certify that the above particulars are true and correct.  Date	9	Qualifications	<del> </del>		
10 Special Claims  11 Contact Numbers Official Private  12 Personal Address  If do hereby certify that the above particulars are true and correct.  Date		Quantications	2		
11 Contact Numbers Official Private  12 Personal Address  It do hereby certify that the above particulars are true and correct.  Date			3		
11 Contact Numbers Official Private  12 Personal Address  It do hereby certify that the above particulars are true and correct.  Date	10	Special Claims			
Personal Address  I do hereby certify that the above particulars are true and correct.  Date	10	Special Claims	•		
Personal Address  I do hereby certify that the above particulars are true and correct.  Date					
Personal Address  I do hereby certify that the above particulars are true and correct.  Date	11	Contact Numbers			
I do hereby certify that the above particulars are true and correct.  Date			Private		
Date	12	Personal Address			
Date					
Date	I do 1	pereby certify that the above went'			
Disservations of the Head of the Institution  Signature  Signature  Signature		tereby certify that the above particulars are tr	ie and correct.		
Disservations of the Head of the Institution  Signature  Signature  Signature	Doto				
Disservations of the Head of the Institution  Signature  Secommendation of the PDHS /RDHS	Jaie.	***************************************	Si	gnature of the applicant	
DateSignature  decommendation of the PDHS /RDHS	Obser	vations of the Head of the Institution			
decommendation of the PDHS /RDHS					
decommendation of the PDHS /RDHS		· · · · · · · · · · · · · · · · · · ·		•	
decommendation of the PDHS /RDHS					
decommendation of the PDHS /RDHS					
decommendation of the PDHS /RDHS	)ata			Signature	
ate -	Jaic				
ate -	lecom	mendation of the PDHS /RDHS			
ate		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		
ate					
ate :				N	
Signature	ate				
				Signature	

noj

<sup>\*</sup> There is a possibility to reject the applicant, if details provide are insufficient.