

General Circular Letter No: 02-118/2018

My No: TCS/B/39/2018

Ministry of Health, Nutrition & Indigenous Medicine

"Suwasiripaya"

385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo-10.

10 / 05 / 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<br>Colombo | Consultant General Physician | 01 Post     | 2018.07.04                      |

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 18 / 06 / 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).

  
**Secretary**

**Ministry of Health, Nutrition & Indigenous Medicine**

**Actg. Secretary**  
**Ministry of Health & Indigenous Medicine**  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

**A. M. K. K. Attanayake**  
**Additional Secretary (Admin.) II**  
Ministry of Health, Nutrition & Indigenous Medicine  
"Suwasiripaya"  
Colombo 10.

Cc:

01. Director, PGIM
02. Secretary, AMS
03. Secretary, GMOA

**APPLICATION FORM (TCS/B/39/2018)**  
**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                            |             |           |
| 3                                                                                                                       | Date of appointment to Preliminary Grade                        |             |           |
| 4                                                                                                                       | Date of appointment to Grade 11                                 |             |           |
| 5                                                                                                                       | Date of appointment to Grade 1                                  |             |           |
| 6                                                                                                                       | Date of Board Certification                                     |             |           |
| 7                                                                                                                       | Details of no pay leave obtained                                | From (Date) | To (Date) |
|                                                                                                                         |                                                                 |             |           |
|                                                                                                                         |                                                                 |             |           |
|                                                                                                                         |                                                                 |             |           |
| 8                                                                                                                       | End Stations applied for( According to the order of preference) | 1           |           |
|                                                                                                                         |                                                                 | 2           |           |
|                                                                                                                         |                                                                 | 3           |           |
|                                                                                                                         |                                                                 |             |           |
| 9                                                                                                                       | Qualifications                                                  | 1           |           |
|                                                                                                                         |                                                                 | 2           |           |
|                                                                                                                         |                                                                 | 3           |           |
|                                                                                                                         |                                                                 |             |           |
| 10                                                                                                                      | Special Claims                                                  |             |           |
|                                                                                                                         |                                                                 |             |           |
|                                                                                                                         |                                                                 |             |           |
|                                                                                                                         |                                                                 |             |           |
| 11                                                                                                                      | Contact Numbers                                                 | Official    |           |
|                                                                                                                         |                                                                 | Private     |           |
| 12                                                                                                                      | Personal Address                                                |             |           |
|                                                                                                                         |                                                                 |             |           |
| <p>I do hereby certify that the above particulars are true and correct.</p> <p>Date..... Signature of the applicant</p> |                                                                 |             |           |
| <p>Observations of the Head of the Institution</p> <p style="text-align: right;">Signature</p> <p>Date.....</p>         |                                                                 |             |           |
| <p>Recommendation of the PDHS /RDHS</p> <p style="text-align: right;">Signature</p> <p>Date .....</p>                   |                                                                 |             |           |

❖ There is a possibility to reject the applicant, if details provide are insufficient.