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இணையத்தளம்)
website)



සුවසිරිපාය
சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය)
எனது இல) TCS/C/05/2021
My No.)
මගේ අංකය)
உமது இல)
Your No. :)
දිනය)
திகதி) 2021.11. 25
Date)

සෞඛ්‍ය අමාත්‍යාංශය
சுகாதார அமைச்சு
Ministry of Health

To: Deputy Director Generals (NHSL/NH Kandy),
Provincial Directors of Health Services,
Regional Directors of Health Services,
Directors of Teaching Hospitals, Provincial General Hospitals, District General
Hospitals.
Heads of Decentralized Units of Health Services and Specialized Campaigns.

Annual Transfers of Senior Medical Administrative Grade Medical Officers – 2022

Please note the below mentioned amendment to the Annual Transfers of Senior Medical
Administrative Grade Medical Officers – 2022.

D	Posts definitely falling vacant
76	Senior Assistant Secretary (Medical Services)

The scanned applications for the above post should be forwarded by Email –
(tcs.moh.mag@gmail.com) under the subject “Annual Transfers of Senior Medical
Administrative Grade Medical Officers - 2022” and also through registered post / by
hand on or before 10.12.2021.


Dr. S.H. Munasinghe,
Secretary

Dr. S. H. Munasinghe
Secretary
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka.

Annual Transfers of Senior Medical Administrative Grade Medical Officers – 2022
(SPECIMEN APPLICATION FORM)

1	Name of the applicant:			
2	Present Post:			
3	Date of Birth:			
4	Date of appointment to:	DD	MM	YYYY
	Preliminary Grade			
	Grade II			
	Date of appointment to permanent post in SMAG			
	Date of assuming duties in SMAG			
	Date of assuming duties in the present post			
5	Post Intern merit:			
6	Postgraduate qualification:			
	Medical Administration	MSc		MD
	Community Medicine	MSc		MD
	Community Dentistry	MSc		MD
7	Contact Number	Office	Private	
8	Email address:			

9. Acting / Attending to duties approved by Public Service Commission*

Duty Type (Acting / Attending)	Date of Start	Date of Completion	Institution	Post

*Certified copies of relevant documents should be attached.

10. No pay leave details

No.	Start date	End date	Reason

I do hereby certify that the above particulars are true and correct.

Signature of applicant

Date

Recommendation of the Head of Institution - Recommended & forwarded.

Signature and official stamp

Date