දු රකථන) 0112669192 , 0112675011
தொலைபேசி) 0112698507, 0112694033
Telephone) 0112675449 , 0112675280
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මසෟඛා අමාතාහාංශය சுகாதார அமைச்சு Ministry of Health

General Circular Letter No: 02-113/2020

To: All Provincial Secretaries,

All Provincial Directors of Health Services,

All Regional Directors of Health Services,

All Directors of Teaching Hospitals, Provincial General Hospitals, District General Hospitals,

All Head of Decentralized Units of Health Services and Specialized Campaigns.

All Medical Superintendents of Base Hospitals,

All Specialist Medical Officers.

AN INVITATION TO MEDICAL CONSULTANTS IN THE MINISTRY OF HEALTH TO BE DEPLOYED CONCERNED SPECIALITIES IN THE PEACEKEEPING CONTINGENT IN SOUTH SUDAN – Level II

- As part of the International obligations for maintaining the world peace and security, Government of Sri Lanka has been called upon by the United Nations to be a part of peacekeeping contingent in South Sudan. The Contingent is also comprised of a Level II Hospital.
- 2. United Nations peacekeeping contingents are self-sustaining and as per the United Nations rules, the contingent provided by the Sri Lanka must have a Level II hospital which is equivalent to a base hospital in Sri Lanka. Level II hospital will be entirely manned by the Sri Lankan Army Medical Corps. Sri Lanka Army is honored to offered an opportunity to our Patriotic Medical Specialists to render their expertise to this noble undertaking by the Government of Sri Lanka Accordingly, this Ministry has nominated relevant specialists over the past 5 years.

- 3. Hence, in order to augment the peacekeeping hospital in South Sudan, the following specialist grades are required by the Sri Lanka Army.
 - a. Consultant General Physician 1 Post
 - b. Consultant General Surgeon 1 Post
 - c. Consultant Orthopaedic Surgeon 1 Post
 - d. Consultant Anaesthetist 1 Post
- 4. An attractive package inclusive of vehicle and an army driver and fuel allocation will be provided to the Consultant's household during the period of engagement. The duration of engagement will be 6 months and could be extended to further 6 months as per requirement.
- 5. All patriotic consultants are earnestly requested to support the Sri Lanka Army in its international endeavor to maintain global peace.
- 6. Heads of Institutions are requested to bring the contents of this Circular to the notice of all Specialist Medical Officers in their institutions. Specialist Medical Officers are hereby requested to send in their applications in the format annexed herewith through their Heads Heads of Decentralized and Units to on or before 31/12/2020. 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.

- 7. The selection will be done by the Special Board appointed by the undersigned.
- 8. This Ministry will grant paid leave for those who are selected for the post and their seniority in service will not be affected.
- 9. All Heads of Institutions and Specialist Medical Officers are kindly requested to contact Director (TCS) for any further clarifications (Email addresses tcsbr2@health.gov.lk / dtcs.moh@gmail.com or Hot lines - 077 900 8180, 077 900 7916, 077 900 7786)

Dr. S. H. Munasinghe

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

SPECIMEN APPLICATION FORM

1.	Name of Applicant with initials:							
	(Please write your name as indicated in the personal file)							
	(a)	Surname :						
	(b)	Other Names :						
2.	(a)	Address :						
	(b)	Telephone No. :						
	(c)	Email Address :						
3.	Presen	t post held :						
	(a)	Date of appointment	to preser	nt post:				
	(b)	Place of work:						
4.	Date o	ate of appointment to						
	(a)	Preliminary Grade	:					
	(b)	Grade II	:					
	(c)	Grade I	1					
	(d)	Specialist Grade	:					
5.	No pay	No pay leave taken (Pl. indicate the time periods):						
6.	Qualif	alifications						
	(a)	Professional		:				
	(b)	Post Graduate		:				
	(c)	Date of Board certif	ication	:				
7.	Lists of specialist appointments held with dates:							
		Appointments		Stations		T	<u>Period</u>	To
						<u>From</u>		<u>To</u>
	(i)							
	(ii)							
	(iii)							
	(iv)							
	(v)							
	(vi)							
I certif	y that th	e above particulars ar	e correct.					
Signature of Applicant								
Date:								

Observation & Recommendation of the Head o	f Institution/ Decentralized Unit/ Specialized
Campaign.	
I certify that the particulars furnished by the applica	nt are correct. (State any incorrect information, it
furnished by the applicant).	
	C'
Signature of Head of Institution	Signature of Head of Decentralized Unit/
	Specialized Campaign
Date:	Date:
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Observation and Recommendation of the Proving	ncial Director of Health Services.
Deter	
Date:	
	Signature & Designation