<b>දූ</b> රකථන	0112669192,0112675011
தொலைபேசி	0112698507,0112694033
Telephone	) 0112675449 , 0112675280
ෆැක්ස්	) 0112693866
பெக்ஸ்	0112693869
Fax	)0112692913
විද්යුත් තැපෑ,	)postmaster@health.gov.lk
மின்னஞ்சல் முகவரி	)
e-mail	ý
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இணையத்தளம்	)



ெல்டிறை ) TCS/B/05/2014
My No. )
இலிடிறை இல )
Your No. : )
Date ) / 07 / 2021

லைவை අමාතහාංශය சுகாதார அமைச்சு Ministry of Health

General Circular Letter No: 02-113/2021

To: All Provincial Secretaries,

Deputy Director General, NHSL,

Deputy Director General, National Hospital, Kandy,

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 CONCERNED SPECIALITIES IN THE MINISTRY OF HEALTH TO BE DEPLOYED IN THE PEACEKEEPING CONTINGENT IN SOUTH SUDAN – Level II HOSPITALS

- As a part of the International obligation to maintain 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 Lanka Army Medical Corps. Sri Lanka Army is honored to offer 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 a 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 of Institutions and Heads of Decentralized Units to reach this office on or before 27/07/2021. 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.
- All Heads of Institutions and Specialist Medical Officers are kindly requested to contact Director (TCS) for any further clarifications (Email addresses <u>tcsbr2@health.gov.lk</u> / <u>dtcs.moh@gmail.com</u> or Hot lines - 077 900 8180, 077 900 7916, 077 900 7786)

Dr. S. H. Munasinghe

Secretary

Dr. S. H. Munasinghe Secretary Ministry of Health "Suwasiripaya"

385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, Sri Lanka,

## SPECIMEN APPLICATION FORM

1.	Nam	e of Applicant with initi	als:					
	(Plea	(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.	Prese	nt post held:						
	(a)	Date of appointment	to prese	ent post:				
	(b)	Place of work:						
4.	Date	of appointment to						
	(a)	Preliminary Grade	:					
	(b)	Grade II	:					
	(c)	Grade I	3					
	(d)	Specialist Grade	:					
5.	No pa	y leave taken (Pl. indica	ite the ti	ime periods):				
6.	Qualifications							
	(a)	Professional		:				
	(b)	Post Graduate		:				
	(c)	Date of Board certific	ation	3				
7.	Lists o	Lists of specialist appointments held with dates:						
		<b>Appointments</b>		<b>Stations</b>		<u>Period</u>		
						From To		
	(i)							
	(ii)							
	(iii)							
	(iv)							
	(v)							
	(vi)							
I certif	fy that th	e above particulars are c	orrect.					
Signat	ure of A	pplicant						
Date:								

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