

Applications for A & E Care and Disaster Management Training in AIIMS, New Delhi, India.

Applications are called from the board certificate consultants for the above training programme. please submit duly filled applications to the following address on or before 15.10.2013.

Dr.Lal Panapitiya

Director (Medical Services),

Ministry of Health,

385, Rev.Baddegama Wimalawansa Mawatha,

Colombo 10.

Applicants must fulfill the following requirements.

01. Should be permanent in service.
02. Should be below 55 years on the closing date of application.
03. Will have to serve as a trainee in A&E Care for at least 2 years upon completion of training.
04. The course fee will be surcharged from the trainers those who do not comply with the above mentioned time period of 2 years.
05. Priority will be given on those who are currently involved in the patient care in A&E /PCU/ETU.

Specimen application form attached herewith.

**Applications form of Training Programme A & E Care and Disaster Management,
AllMS, New Delhi, India**

01(a) Name of applicant:

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(b) Designation & date of appointment to the present post:

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(c) Present place of work:

(d) Permanent address & Contact No:

(e) National ID No:

02. Date of 1st appointment:

03. (a) Present Grade:

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(b) Date of appointment to present grade:

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04. Date of Birth & age:

05. Qualifications:

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06. Experience in Emergency Care:

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07. List of appointments held with period: (Include Stations in chronological order)

Appointments	Posts & Stations	Period					
		From			To		
		DD	MM	YY	DD	MM	YY

08. Whether you are on transfer order, Yes/No - If Yes state the details:

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I certify that the above particulars are given by me is true and correct.

Date:

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Signature of Applicant.

Recommendation of the Head of Institutions

Recommended /Not Recommended.

I certify that the particulars given in the application are correct.

Date:

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Signature of Head of Institution

Recommendation of the Head of Decentralized Unit

Recommended /Not Recommended.

I certify that the particulars given in the application are correct.

Date:

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Signature of Head of Decentralized Unit