Dr. Lee Jong-wook Fellowship 2015 for Medical Administrators

The Embassy of Republic of Korea has offered a three months training course Dr. Lee Jong-wook Fellowship 2015 for Medical Administrators hosted by the Korea Foundation for International Health. Two nominees who are currently working in the health administration field at the Ministry of Health and Indigenous Medicine or any other government health authority will be selected for the above training course.

Applicants must fulfill the following requirements to be eligible.

1. Should be permanent in service.
2. Should have at least 3 years of experience in Medical administration grade.
4. Special preferences will be given for medical administrators who have not been given previous opportunities for foreign training and have obtained remarkable achievements and made innovations in their carrier.

Please submit duly filled application to the following address on or before 26th of April 24, 2015.

Director International Health
Ministry of Health
385, Rev. Baddegama Wimalawansa Mawatha
Colombo 10.

Specimen of application is attached herewith.
Application form for Dr. Lee Jong-wook Fellowship 2015 for Medical Administrators

01. (a) Name of the applicant:

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

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(c) Present place of work: .................................................................................................
(d) Address (Private)
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(e) Contact No. 1) Mobile ..............................................................
2) Home ..............................................................
3) Official ..............................................................
4) e mail..............................................................

(f) National ID No: .................................................................................................

02. Date of 1st appointment: .............................................................................................

03. (a) Present grade ............................................................................................................
(b) Date of appointment to the present administrative grade ..........................................

04. Date of birth and age: .................................................................................................

05. Qualifications & special achievements to be considered:

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06. List of appointments held with period: (Include stations in chronological order)

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<th>Period</th>
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I certify that above particulars given by me are true & correct.

Date: ........................................ ...........................................................

Signature of Applicant

Recommendation of the Head of the institution

Recommended / Not recommended

I certify that above particulars given in the application true & correct.

Date: ........................................ ...........................................................

Signature of Head of the institution

Recommendation of the Head of the decentralized Unit

Recommended / Not recommended

I certify that above particulars given in the application true & correct.

Date: ........................................ ...........................................................

Signature of the Head of the decentralized Unit