

Training Programme on Sport Medicine at Malaya University Malaysia

Applications are called from Grade Medical Officers qualified with MSc in sport medicine and currently working in the sports medicine units for the above training programme. Please submit duly filled application to the following address on or before 23.02.2015

Dr.Lal Panapitiya

Director(Medical Services)

Ministry of health

385,Rev.Baddegama Wimalawansa Mawatha

Colombo 10

Applicants must fulfill the following requirements to be eligible for the selection

01.Should be permanent in service.

02. Should be below 45 years on the closing date of application.

03.Must be a holder of Diploma in Sport Medicine in PGIM.

04.The selected candidate must save at least 2 years in Sport Medicine unit.

05.Priority will be given to those who are currently engaged active service in Sport Medicine.

Application form for the Emergency Sport Medicine at Malay University Malaysia.

01. (a) Name of the 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:.....

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(e) National ID No:.....

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02. Date of 1<sup>st</sup> appointment :.....

03. (a) Present Grade :.....

(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 Sport Medicine :

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07 Special Remarks.....

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

Appointment	Post & Station	Period					
		From			To		
		<i>dd</i>	<i>mm</i>	<i>yy</i>	<i>dd</i>	<i>mm</i>	<i>yy</i>

09. Whether you are on transfer order .Yes/No-if yes state the details

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

Date .....

.....

Signature of Applicant

**Recommendation of the Head of Institution**

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