

General Circular No: 02-01/2014

My No: TCS/M/05/2013

Ministry of Health,

“Suwasiripaya”,

385, Rev.Baddegama Wimalawansa Thero Mw,

Colombo -10.

09 /01/2014

To: All Provincial Secretaries,

All Provincial /Regional Directors of Health Services,

All Head of Decentralized Units of Health Services,

All Directors of Teaching Hospitals, Provincial Hospitals & Specialized Campaigns,

All Medical Superintendents & District Medical Officers

Replacement List for Annual Transfers 2014 (Final)

This refers to the earlier communication dated 03/01/2014 regarding Replacement List for Annual Transfers 2014(Draft).

After giving due consideration to suggestions received, the final list of posts available for Acting Consultants and Senior Registrars (who have completed local training) under different Specialties is hereby released.

Those who have already applied, for the list of posts available in Acting Consultants and Senior Registrars (who have completed local training), present Stations and Vacancies (Draft) need not apply if they do not wish to change their preferences of posts and institution.

Those who have already applied, but wish to change their preferences of post and institution according to the list of posts available in Acting Consultants and Senior Registrars (who have completed local training), present Stations and Vacancies (Final) can do so by **only** filling in the Specimen Application form (**Change of Preferences**)

The attached is a list of Acting Consultants and Senior Registrars (who have completed local training) of each specialty and the stations available for them to apply.

01. The following categories of medical officers are eligible to apply.

- a. Specialist Medical Officers who are holding temporary appointments but are Board Certified as Specialists.
 - b. Specialist Medical Officers who are holding temporary appointments and are not yet Board Certified.
 - c. Senior Registrars who have completed their local training.
02. It is compulsory for the officers belonging to above groups, to apply for this replacement list **even if their names have not appeared in the list.**
03. All applicants who are Board Certified as specialists are requested to submit a copy of board certification letter issued by the Director PGIM along with the application.
04. It is the responsibility of the Specialist Medical officers to provide correct data in order to maintain the accuracy. If incorrect data is provided by an officer serious disciplinary action could be taken against the said officer according to provisions of the E- Code.
05. Officers, who do not forward their applications indicating their choices, will be appointed by the Transfer Board to stations which are vacant at the discretion of the Transfer Board.
06. Heads of Institutions are responsible to bring the contents of this circular to the notice of all Specialist Medical Officers and Senior Registrars (who have completed the local training) who are currently holding acting appointments, in their institutions and forward the applications to the Department as indicated below.
07. All eligible applicants are hereby requested to send in their applications through their Heads of Institutions and Heads of Decentralized Units to reach this office on or before **17/01/2014** please send a direct copy to :

Dr. P.L. Athapattu
Director (Tertiary Care Services),
“Suwasiripaya”,
385, Rev.Baddegama Wimalawansa Thero Mw.,
Colombo 10.

A copy of the application form should also be sent via fax.

Telephone No. : 011 2694033 Ext : 170

Fax No : 011 2699145

Direct : 011 2699145

08. Selection to posts will be made strictly on merit basis.
09. Applicants who give false information or refrain from filling in the necessary details will be penalized by disqualification of their applications or deduction of marks when the merit position is determined.

The Replacement vacancy list and the transfer application forms are available in the Ministry Web site www.health.gov.lk.

Dr. Y.D. Nihal Jayathilaka

Secretary

Ministry of Health

SPECIMEN APPLICATION FORM (CHANGE OF PREFERENCES)

REPALCEMENT LIST FOR ANNUAL TRANSFERS – 2014

SPECIALITY:

1. Name of Applicant with initials :
(Please write your name as indicated in the personal file)
(a) Surname :
(b) Other Names :

2. Preferences

Post & Institution

I	XI
II	XII
III	XIII
IV	XIV
V	XV
VI	XVI
VII	XVII
VIII	XVIII
IX	XIX
X	XX

3. Special claims, if any

I certify that the above particulars are correct.

.....

Signature of Applicant

Date:

Observation & Recommendation of the Head of Institution/ Decentralized Unit/ Specialized Campaign.

I certify that the particulars furnished by the applicant are correct. (State any incorrect information, if furnished by the applicant).

Signature of Head of Institution

Date:

**Signature of Head of Decentralized Unit/
Specialized Campaign**

Date:

Observation and Recommendation of the Provincial Director of Health Services.

Date:

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Signature & Designation

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SPECIMEN APPLICATION FORM

REPALCEMENT LIST FOR ANNUAL TRANSFERS – 2014

SPECIALITY:

2. Name of Applicant with initials :
(Please write your name as indicated in the personal file)
 - (a) Surname :
 - (b) Other Names :
 - (c) NIC No :
 - (d) SLMC No :
3.
 - (a) Address :
 - (b) Telephone No.:
 - (c) Email Address :
4. Date of Birth :
5. Civil Status : Single/ Married/Widowed
 - (a) Work and working place of spouse:
 - (b) No. of Children :
 - (c) No. of school going children :
6. Present post held :
 - (a) Date of appointment to present post:
 - (b) Place of work :
7. Date of appointment to
 - (a) Preliminary Grade :
 - (b) Grade II :
 - (c) Grade I :
 - (d) Post MD Pass Date :
8. No pay leave taken (Please indicate the time period) :
9. Date of Board certification :

10. Lists of specialist appointments held with dates:

<u>Appointments</u>	<u>Stations</u>	<u>Period</u>	
		<u>From</u>	<u>To</u>
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			

11. Preferences

<u>Post & Institution</u>	
I	XI
II	XII
III	XIII
IV	XIV
V	XV
VI	XVI
VII	XVII
VIII	XVIII
IX	XIX
X	XX

12. Special claims, if any

I certify that the above particulars are correct.

.....
Signature of Applicant

Date:

Observation & Recommendation of the Head of Institution/ Decentralized Unit/ Specialized Campaign.

I certify that the particulars furnished by the applicant are correct. (State any incorrect information, if furnished by the applicant).

Signature of Head of Institution

Date:

**Signature of Head of Decentralized Unit/
Specialized Campaign**

Date:

Observation and Recommendation of the Provincial Director of Health Services.

Date:

.....
Signature & Designation