

General Circular Letter No: 02-145/2015

My No: TCS/B/73/2015

Ministry of Health, Nutrition & Indigenous Medicine
 “Suwasiripaya”

385, Rev.Baddegama Wimalawansa Thero Mawatha,
 Colombo-10.
 09.11.2015

To: All Provincial Secretaries,
 All Provincial/Deputy Provincial/Regional Directors of Health Services,
 All Heads of Decentralized Units,
 All Directors of Teaching Hospitals, Provincial General Hospitals & Specialized Campaigns,
 All Medical Superintendents & District Medical Officers,
 All Specialist Medical Officers.

Posts of Specialist Medical Officers to Sri Lanka Air Force - Colombo

Applications are invited for the below posts from Board Certified Specialist Medical Officers serving in the Department of Health Services who are confirmed in the state service, with minimum service period of 03 years. Those who are selected for these posts will not lose their seniority in the Department.

Specialty	Posts	Service Duration
01. Consultant General Physician	01	2 Years
02. Consultant General Surgeon	01	2 Years

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 their applications in the format annexed herewith through their Heads of Institutions and Heads of Decentralized Units to reach this office **on or before 30/11/2015**. 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.

Selection to all above posts will be based on the seniority as per the annual transfer marking scheme.

All Heads of Institutions and Specialist Medical Officers are kindly requested to contact Director - Tertiary Care Services (TCS) for any further clarifications (Office Tel. No. 011-2699145).

Anura Jayawickrama
Secretary
Ministry of Health, Nutrition & Indigenous Medicine

Cc:

01. Director, PGIM
02. Secretary, AMS
03. Secretary, GMOA

SPECIMEN APPLICATION FORM

1. Name of Applicant with initials :
(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. Present post held :
 - (a) Date of appointment to present post:
 - (b) Place of work :
4. Date of appointment to
 - (a) Preliminary Grade :
 - (b) Grade II :
 - (c) Grade I :
 - (d) Specialist Grade :
5. No pay leave taken (Pl. indicate the time periods):
6. Qualifications
 - (a) Professional :
 - (b) Post Graduate :
 - (c) Date of Board certification :

7. Lists of specialist appointments held with dates:

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

I certify that the above particulars are correct.

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Signature of Applicant

Date: