

General Circular No: 01-33/2015  
My No:D/DS/MOH/97/2015  
Ministry of Health & Indigenous Medicine  
Director [Dental Services] Unit,  
“Suwasiripaya”  
Colombo 10.  
2015.10.05

All Provincial Secretaries of Health,  
All Provincial/Regional Directors of Health Services,  
All Heads of Decentralized Units of Health Services,  
All Directors of Teaching Hospitals & Specialized Campaigns,  
All Medical Superintendents & District Medical Officers of Provincial & Base Hospitals

**One (01) Post of Dental Surgeon**  
**Office of the DDG [Dental Service], Ministry of Health, Nutrition & Indigenous Medicine**

Applications are invited for the above post from Grade Dental Surgeons serving in the Department of Health Services with less than 10 years of service and who are confirmed in the services and possess the following criteria.

- \*Post graduate qualification in MSc [Community Dentistry] is essential.
- \* Capacity to coordinate the oral health programme implemented at the national level.
- \*Computer literacy is essential.
- \*Willing to work in the office environment.
- \*The selected candidate should serve minimum of 02 years in the post.
- \*Ability to visit out stations for programmes.

The Application should to be prepared according to the format annexed and duly filled application should be sent through the Head of the institution / Decentralized unit to reach the following address **on or before 16.10.2015.**

**Dr.Indrakumari Fernando**  
**Director [Dental Services]**  
**Ministry of Health, Nutrition & Indigenous Medicine**  
**“Suwasiripaya”**  
**Colombo 10.**

Dr.J.M.W.Jayasundara Bandara  
Deputy Director General [Dental Services]

Cc: 01.Hon.Sec – GDSA

**One (01) Post of Dental Surgeon**  
**Office of the DDG [Dental Service], Ministry of Health, Nutrition & Indigenous Medicine**

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

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

(c) Present place of work: .....

(d) Permanent address & contact no: .....

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

02. Date of 01<sup>st</sup> appointment: .....

03. (a) present grade : .....

(b) Date of appointment to present grade: .....

04. Date of birth & age: .....

05. List of appointments held with period: [Include stations in chronological order]

Appointments	Post & Station	Period					
		From			To		
		<i>DD</i>	<i>MM</i>	<i>YY</i>	<i>DD</i>	<i>MM</i>	<i>YY</i>

06. Exeperince in the relevant field: .....

07. Whether you are on transfer order, Yes/No – If yes state the details: .....

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

Date:.....

.....  
Signature of applicant

**Recommendation of the Head of Institutions**

Recommended/ Not Recommended.

I certify that the particulars given at 01 to 07 in the application are correct.

Date: .....

.....  
Signature of Head Institution

**Recommendation of the Head of Decentralized Unit**

Recommended/ Not Recommended.

I certify that the particulars given at 01 to 07 in the application are correct.

Date: .....

.....  
Signature of Decentralized Unit