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website)



මගේ අංකය))
எனது இல))
My No.) CF/EXH/07/2017
මගේ අංකය))
உமது இல))
Your No. :))
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திகதி) 2017/09/17
Date))

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சுவசிரிபாய
SUWASIRIPAYA

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சுகாதாரம், போஷணைமற்றும் சுதேசவையத்தியஅமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

General Circular Letter No:- 02-148 / 2017

Provincial Health Secretaries,
Deputy Director General – National Hospital of Sri Lanka,
Provincial Directors of Health Services,
All Hospital Directors under the Line Ministry,
Regional Directors of Health Services,
Heads of Institutions.

Efficiency Bar Examination for the officers in the Post of School Dental Therapists Grade I which belongs to the Pare- Medical Service (Salary Scale MT – 06) of Ministry of Health, Nutrition and Indigenous Medicine - 2017

It is hereby notified that the Efficiency bar Examination which should be passed by School Dental Therapists in Grade I before expiration of 05 years from the date of promotion to Grade I, will be held on 15.10.2017 respectively in the media of Sinhala, Tamil & English. The place and time of examination will be notified in the Admission Card.

02. Qualifications

Only the School Dental Therapists in Grade I and the Officers who are not exempted from the efficiency bar examination according to paragraph 03 below will apply for this examination.

03. In terms of the new scheme of recruitment

As Per the PA circular 6/2006 The New SOR related to the above post Approved by Public Service Commission which is effective from 27.09.2016, the officers who have completed a satisfactory period of service of five (05) years in for the effective date of 27.09.2016 Grade 1 are exempted from the requirement of passing the third Efficiency bar Examination.

N.B - Take necessary actions to send applications of the officers only who has been promoted to grade I by 14/09/2017 and already received thr appointment letters.

04. Applications

Applications prepared by the candidates as per specimen appended to this letter should be sent under Registered cover to reach the Director (Examinations) No.385, "Suwasiripaya" Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before **14/09/2017** through their Heads of Institutions. The Head of Division should certify the accuracy of contents in each application. A self-addressed 02 envelopes(Candidates can write their official or private address) in the size of 9" x 4" inches, affixed with stamps to the value of Rs. 35.00 should be sent along with the application. Applications received after the closing date, incomplete or inaccurate will be rejected without notice.

N.B.: Applications be prepared in compliance with the specimen form of application in the size of A4 using in such a way that No: 01 to 04 appear on the first page whilst the No: 05 to 08 appear on the second page. Applications that do not comply with the specimen will be rejected without notice.

05. Examination fees :-

- I. Candidates who sit the examination for the first time are exempted from paying examination fees. Other candidates should affix stamps to the value of Rs. 25/= per subject in the application and cancel the same by placing his/her signature.
- II. The examination fees paid will not be transferred to any other examination or refunded under any circumstance.

06. Admission to the Examination :-

- I. Admission cards are issued to the candidates whose applications are accepted. The admission card should be duly completed and submitted to the supervisor of the examination centre. Otherwise, it will not be allowed to sit for the examination.
- II. Candidates should prove their identity to the Supervisor at the Examination Hall. For this purpose, one of the following documents will be accepted.
 - a) National Identity Card
 - b) Identity card issued by the Department
 - c) Valid Driving License
 - d) Valid Passport

07. Scheme of the Examination :-

This efficiency bar examination consists of an Subject related essay type question paper only. The question paper contains 08 question and out of that any 05 question should be answered. Duration is 03 hours and the total marks for the paper is 100. Minimum 40 marks should be obtained to Pass the examination. In case this Subject is failed, it could be completed later.

08. Syllabus of the Examination

Subject related essays (Syllabus)

- Standard instructions for field Dental Therapists. This includes regulations in respect of leave, official correspondence, maintaining inventories. Which are given in Financial Regulations and to part 01 of the manual of Health Department and
- Other relevant regulations
- Practical dental Sciences and Descriptive knowledge of Tooth Extraction Procedure.
- Comprehensive knowledge on primary health care
- Comprehensive knowledge on Dental health education.
- Knowledge on public health
- Ability to identify basic malocclusions
- Knowledge on Dental health
- Knowledge on first aid

09. To follow the Regulations Related to Examination Procedure

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate and should not help any candidate either help another candidate or obtain help from another candidate or person. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

10. Please bring the contents of this circular to the notice of all relevant officers in your Division/ Specialized Campaign/ Institution. (This information can also be obtained from the web site – www.health.gov.lk)

N.b. – Sinhala medium notification on examination will be effected if any contradictory is arisen in the examination notifications published in Tamil and English mediums.

M. B. L. Rahuman
Deputy Director General (Admin) II
Ministry of Health, Nutrition & Indigenous Medicine
C/1, Galle Road, Colombo 03
Sri Lanka



M.B.L. Rahuman

Deputy Director General (Admin) II

For Secretary

Ministry of Health, Nutrition's & Indigenous Medicine

Specimen form of application
Efficiency Bar & Departmental Examination for
School Dental Therapists Class II Seg. "B"/ Grade III - 2017

01. (a) i. Full Name of the Applicant: (In Sinhala / Tamil).....

ii. Full Name of the Applicant (In English block letters)

iii. Names with initials (In Sinhala / Tamil).....

iv. Names with initials (In English block letters)

(b) i. Date of first appointment :-

ii. Present Annual Salary: -

iii. National Identity Card Number:-

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iv. Mobile No:-

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02. (a) Present Station of service (In Sinhala) :-

(In English) :-

(b) District of the Present Station of service :-

(c) Working Station under the

- Line Ministry

- Provincial Council

(d) If provincial council mention province :-

(e) Whether a self-addressed 02 envelopes in the size of 9 X 4 inches with stamps affixed to the value of Rs.35.00 has been attached to the application to post the Admission Card?

(f) 1. Postal Address to post the Admission Card (In block letters) :-

.....
.....

03. Medium you sit for the examination- Sinhala/ English/ Tamil

04. Whether you sit for the examination for the first time :-

(a) If not so, have you affixed stamps to the application?

Stamp Cage

05. Certificate of the candidate :-

- (i) I do hereby certify that the particulars furnished by me in this application are true and accurate to my knowledge and I need not affix stamps since I sit the Examination for the first time / have affixed stamps to the value of Rs. since I repeat the Examination,* and the stamps affixed by me to the application are genuine and not used before.

- (ii) I agree to abide by the rules and regulations stipulated by the Department of Health for the conduct of this Examination and if I was found ineligible in accordance with the scheme of the Examination I agree with whatever decision taken for the cancellation of my candidature.

.....
Date

.....
Signature of the candidate

06. Certification of the officer who have handle the personal files

It is here certified that the application was forwarded to before the closing date. the application has been completed according to the details of the personnel file by the applicant. A copy of the application has been filed.

.....
Date

.....
Name and Signature

07. Certification of Head of Institution

I certify that Mr./Mrs/Miss..... serves as a in this institution, and the particulars furnished by him/her in the application are correct in accordance with the particulars available in his/her personal file, and he/she sit the examination for the first time and he/she is eligible to sit for the examination and he/she placed his/her signature in my presence.

Date:.....

.....
Signature of the Head of Institution
(Rubber Stamp)

08. Certificate of the Head of Decentralized unit / specialized Campaign

*Mrs./Miss serves as a **School Dental Therapists Class Grade I** in my Division / Campaign* and the particulars furnished by her in the Application are correct in accordance with the particulars available in his personal file and he is eligible to sit for the Examination.

.....
Date

.....
Signature of Head of Decentralized Unit /
Specialized campaign
(Frank/Rubber stamp)

*- Delete words which are inapplicable