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சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය)
எனது இல)
My No.) CF/EXU/06/2016
ඔබේ අංකය)
உமது இல)
Your No. :)
දිනය) 2017.04.25
திகதி)
Date)

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சுகாதாரம், போசனை மற்றும் சுதேசவைத்திய அமைச்சு
Ministry of Health, Nutritons & Indigenous Medicine

General Circular Letter No: 02 - 76/2017

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 Departments

**Second Efficiency Bar Examination for Speech Therapists of Service Segment – 2
Service Category in Para Medical Service – 2017**

It is hereby notified that the Efficiency Bar Examination which should be passed by Speech Therapists of Service Segment – 2 Service Category in Para Medical Service before expiry of three years from the date of promotion will be held on **18.06.2017** in Sinhala, English, and Tamil media. The venue and the time of the examination will be mentioned in the Admission Card.

02. Qualifications

From the Officers who have been appointed to the Post of Speech Therapist in Grade II who have not yet completed the examination are eligible to apply for the examination..

N.B. Take necessary actions to send applications of the officers only who has been promoted to grade II by on or before 18/05/2017 and already received the appointment letters.

03. Applications

Applications prepared by the candidates as per specimen appended to this letter should be sent under registered cover to reach the Director (Examinations) Ministry of Health, No.385, "Suwasiripaya" Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before **18.05.2017** through their Heads of Institutions. The Head of Division should certify the accuracy of contents in each application. **Self addressed two (02) envelope** (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 which are received late , incomplete or inaccurate will be rejected.

Note: The application should be prepared using an A4 paper based on the specimen form of the application so as to recommended from 01 to 04 on the first front page and from 05 to 09 on the second page. Application which do not conform to above will be rejected any information.

04. Examination fees :-

- i. Candidates who sit the examination for the first time need not pay examination fees. However in every subsequent sitting they should affix stamps to the value of Rs. 25/= per subject in the stamps cage provided for in the application and cancel same by placing their signature and the date.
- ii. The fees once paid will not be refunded or transferred to other examinations under any circumstances

05. Admission to the Examination :-

- I Candidates whose applications have been accepted will be issued with Admission Cards. They should duly complete and submit same to the Supervisor at the Examination centre. Otherwise they will not be allowed to sit 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) Issued by the Departmental Identity Card
 - (c) Valid Driving License
 - (d) Valid Passport

06. Scheme of the Examination :-

This examination consists of written essay type question paper on **subject related facts**. the paper carries 100 marks. Four (04) out of 07 questions should be answered. Minimum 40% marks should be obtained to pass the examination Duration is 02 hours.

07. Syllabus of the Examination:-

07.1 Subject Related question paper

A question paper with relevant the officer's knowledge on duties relevant to speech therapy.

08. 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 equipment should not be used. Any candidate who disregards this rule is liable to punishment.

09. Please bring the contents of this circular to the notice of all officer of your Division/ Specialized Campaign of Service category. The information is also available in the Web Site – www.health.gov.lk

Note; In case of any inconsistency between the texts in Tamil and English the text in Sinhala Language shall prevail.

M. B. L. Rahuman
Deputy Director General (Admin) II
Ministry of Health, Nutrition & Indigenous Medicine,
"Suwasiripaya",
365, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

M B L Rahuman
Deputy Director General (Admin) II
for Secretary
Ministry of Health, nutrition and indigenous medicine

- 05 (a) Whether you sit for the examination for the first time: -.....
 (b) If not so, have you affixed stamps to the application?

Stamp Cage

06 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

07 Certification of The subject management assistant who keeps 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

08 Certification of Head of Institution

Mr/Mrs/Miss is well known to me and he / she sits the Examination for the first time / repeats the Examination * he / she* need not affix stamps / has affixed stamps to the value of Rs. to the Application 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* is eligible to sit for the Examination and he / she* placed his / her* signature in my presence..

Date :
 Signature of Head of Institution/Frank

09 Certificate of the Head of Decentralized unit / specialized Campaign

Mr/Mrs/Miss serves as a grade II Speech Terapist in my Division / Campaign 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* is eligible to sit for the Examination.

Date :

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

* Delete words which are inapplicable