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website )

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My No. ) MA/MS/E/01/2017-1  
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ඔබේ අංකය )  
உமது இல )  
Your No. : )

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திகதி ) 24.04.2017  
Date )



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சுவசிரிபாய

## SUWASIRIPAYA

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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு  
**Ministry of Health, Nutrition & Indigenous Medicine**

Deputy Director General (NHSL),  
Directors of Line Ministry Hospital,  
All PDHS,  
All RDHS.

### **RE: Training in Short Sports Medicine Course in Mayalasia.**

Applications are called from Graded Medical Officers Qualified with MSc in sports Medicine and Currently Working in Sports Medicine Units for the above training Programme.

#### **Training Details;**

|          |  |
|----------|--|
| Topic    | Short Sports Medicine Course                             |
| venue    | University Malaya Medical Center, Kuala Lumpur, Malaysia |
| Duration | 7 days   |
| Dates    | To be informed in due course                             |

**Please submit duly filled Applications to the following address on or before 17.05.2017**

Dr. Priyantha Athapattu  
Director (Medical Services)  
Ministry Of Health Nutrition & Indigenous Medicine,  
No, 385 Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

**The Applicants should fulfill the following requirements to be Eligible:**

1. Should be permanent in Service
2. Should be below 45 years on the closing date of application.
4. Must be a holder of Diploma in Sports Medicine in PGIM.
5. Special preference will be given to officers who have not given previous opportunities for foreign training in sports Medicine.
6. The Selected Candidate must serve at least 2 years in sports Medicine Units and actively involved in sports medicine activity.

Thank you,

**Dr. Amal Harsha de Silva**  
Deputy Director General (Medical Services) II  
Ministry of Health, Nutrition & Indigenous Medicine  
Colombo 10.

Dr. Amal Harsha De Silva  
Deputy Director General (Medical Services) II

**Application Form for the Training in Short Sports Medicine Course in Mayalasia**

|    |   |  |              |    |    |    |    |    |
|----|---|--|--------------|----|----|----|----|----|
| 1. | a                                       | Name of the Applicant:                             |              |    |    |    |    |    |
|    | b                                       | Designation & date of Appointment to present post: |              |    |    |    |    |    |
|    | c                                       | Present place of work:                             |              |    |    |    |    |    |
|    | d                                       | Permanent address& contact Number:                 |              |    |    |    |    |    |
|    | e                                       | NIC:   | Mobile       |    |    |    |    |    |
|    |   |  | Official no: |    |    |    |    |    |
| f  | Email:                                  |  |              |    |    |    |    |    |
| 2  | Date of 1 <sup>st</sup> appointment:    |  |              |    |    |    |    |    |
| 3  | a                                       | Present grade:                                     |              |    |    |    |    |    |
|    | b                                       | Date of appointment to present grade:              |              |    |    |    |    |    |
| 4  | Date of Birth & Age                     |  |              |    |    |    |    |    |
| 5  | Qualifications:                         |  |              |    |    |    |    |    |
| 6  | Experience in sports Medicine Activity; |  |              |    |    |    |    |    |
| 7  | List of appointments held with period:  |  |              |    |    |    |    |    |
|    |   |  | Period       |    |    |    |    |    |
|    |   |  | from         |    |    | to |    |    |
|    |   |  | dd           | mm | yy | dd | mm | yy |
|    |   |  |              |    |    |    |    |    |
|    |   |  |              |    |    |    |    |    |
|    |   |  |              |    |    |    |    |    |
|    |   |  |              |    |    |    |    |    |
|    |   |  |              |    |    |    |    |    |
|    |   |  |              |    |    |    |    |    |

|  |  |                                |         |
|--|--|--------------------------------|---------|
| 8  | Whether you are on transfer order:           |                                |         |
| 9  | Details of foreign training during 2015-2017 |                                |         |
|  |  | Name of the training programme | Country |
|  |  | Duration                       |         |
|  | 1  |                                |         |
|  | 2  |                                |         |
|  | 3  |                                |         |
|  | 4  |                                |         |
| I certify that above particulars are given by me is true and correct.            |  |                                |         |
| Date:  |  | Signature:                     |         |
| <b>Recommendation by the Head of Institution</b>                                 |  |                                |         |
| Recommended/Not Recommended  |  |                                |         |
| I certify that above particulars are given by the applicant is true and correct. |  |                                |         |
| Date :   |  | Signature:                     |         |
| <b>Recommendation by the Head the Decentralized unit</b>                         |  |                                |         |
| Recommended/Not Recommended  |  |                                |         |
| I certify that above particulars are given by the applicant is true and correct. |  |                                |         |
| Date :   |  | Signature:                     |         |