

(Specimen Application Form)

**Appeal against Annual Transfers of  
Specialist Medical Officer – 2019**

**Dr. Suranga Dolamulla**  
*MBBS, MSc, MD (Medical Administration)*  
**Director / Tertiary Care Services**  
Department of Health Services  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha  
Colombo 10,

01. Name of the Applicant:
02. Present Post (Specialty):
03. Present Station:
04. Whether transferred out in the annual transfers year 2019 (Yes/No):
05. If so, new post/station assigned:
06. Preferences to be considered at the appeals board:

(Please send in a typewritten format)

|     |  |
|-----|--|
| 01. |  |
| 02. |  |
| 03. |  |
| 04. |  |
| 05. |  |
| 06. |  |
| 07. |  |

07. Reasons for appeal:

Date: .....

Signature of Applicant

Recommendation of the Head of the Institution.

Date: .....

Signature of the Head of the Institution

Recommendation of the Head of the Decentralized Unit.

Date: .....