

APPLICATION FORM
FOR FILLING OF VACANCIES OF SPECIALISTS IN THE DEPARTMENT OF HEALTH WITH
SENIOR REGISTRARS

Name of the officer:-

Discipline		Date	For office use only				
Post Intern date							
Grade II appointment							
Passing MD/MS Part II							
Completion of local training							
Closing date of applications		15.10.2008					
Contact Number							
Attachments held under Ministry of Health after local training							
Station	From			To			Period in months/weeks
	dd	mm	yyyy	dd	mm	yyyy	
Total marks							
PRIORITY ORDER OF STATIONS SELECTED BY THE APPLICANT							
1			22				
2			23				
3			24				
4			25				
5			26				
6			27				
7			28				
8			29				
9			30				
10			31				
11			32				
12			33				
13			34				
14			35				
15			36				
16			37				
17			38				
18			39				
19			40				
20			41				
21			42				

I do hereby certify that the above particulars are true and correct.

.....
Date

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Signature

*Please mention dates and periods clearly

Difficult stations of service under the Department of Health Services		
1	TH	JAFFNA
2	GH	AMPARA
3	GH	VAVUNIYA
4	GH	TRINCOMALEE
5	BH	MUTHUR
6	BH	KILINCHCHI
7	BH	KALMUNAI NORTH
8	BH	KALMUNAI SOUTH
9	DGH	MANNAR
10	BH	POINT PEDRO
11	BH	TEIPPILAI
12	DH	KABILITHIGOLLEVA
13	DH	WALIKANDA
14	BH	MADIRIGIRIYA
15	BH	KANTALE
16	BH	MAHAOYA
17	BH	KITES
18	DH	CHAVAKACHCHERI
19	DH	MULATIV
20	TH	BATICALOA