දූරකථන) 0112669192 , 0112675011
தொலைபேசி) 0112698507, 0112694033
Telephone) 0112675449 , 0112675280
ෆැක්ස්) 0112693866
பெக்ஸ்) 0112693869
Fax)0112692913
විදසුත් තැපෑල)postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)
වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்	
website)



)CF/EXM/01/2024 My No. ඔබේ අංකය உமது இல Your No. : දිනය திகதி)12/03/2024 Date

මගේ අංකය எனது இல

SUWASIRIPAYA

සෞඛ්ය අමාතයාංශය சுகாதார அமைச்சு

Ministry of Health

General Circular Letter No: 02 - 40/2024

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

Departmental Examination for Preliminary Grade Medical Officers and Dental Surgeons - March 2024

It is hereby notified that the Departmental Examination should be passed by Medical Officers in Preliminary Grade before promotion to grade II during a period of two years & Dental Surgeons before confirmation in the service during a period of three years from the date of appointment to such post as per section 08 of the Medical Service Minute of Sri Lanka in the Health Services published in the Gazette Extraordinary of the Democratic Socialist Republic of Sri Lanka No. 1883/17 of 11.10.2014, will be held on 05/05/2024 in Sinhala, Tamil & English medium. The venue and the time of the examination will be notified along with the admission card.

02. **Qualifications**

Medical Officers in the Preliminary Grade who have not completed the relevant examination and Dental Surgeons who are not confirmed in the service can apply for this examination. Medical officer appointed to a post in the Administrative Grade or Specialist Grade previously without having completed this examination also can apply for the above Examination.

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, Ven. Baddegama Wimalawansa Thero Mawatha, "Suwasiripaya" Colombo 10, on or before 01/04/2024 through their Heads of Institutions. Mention "Departmental Examination for Preliminary Grade Medical Officers and Dental Surgeons - March 2024" on the top left corner of the envelope. The officer in charge of the personal files should have certified that the candidate have satisfied the qualifications required to sit for this departmental examination and the accuracy of the particulars furnished in each application should have been certified by the head of division. One self-addressed envelope (candidate can write their official or private address) in the size of 9" x 4" inches, affixed with stamps to the value of Rs.110.00 should be sent along with the application. (Applications which are received late, incomplete or inaccurate will be rejected without any notice.)

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 (e) on the first front page and from 04 (f) to 09 on the second page. Applications 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 allowed to transfer for any other Examination or refunded under any circumstances.

05. Admission to the Examination :-

- 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) A formal identity card issued by the Ministry of Health or a relevant institution
 - (c) Valid Driving License
 - (d) Valid Passport
- III If you did not receive your admission card due to any unavoidable reason you can trace your examination centre and the index number through the website; If you were able to trace your examination centre and the index number as mentioned above you are permitted to be presented at the examination centre in the website together with a letter attesting your signature by your immediate superior officer and sit the examination by establishment of your identity. The applicants who have received the admission card should certify their signature and should be bought. The applicants who have obtained the certification on their signature will not be entitled to face the examination. (website- www.health.gov.lk)

06. Scheme of the Examination :-

The examination consists of four parts that is three written essay type question papers and a Sinhala/Tamil oral test. Each part carries 100 marks. A minimum of 50 marks should be obtained for each part to pass the examination and this examination could be completed in one sitting or appearing for the parts of the examination in several sittings. At the first attempt officer should appear for all relevant subjects.

07. Syllabus of the Examination

07.1 Written Examination

07.1.1 Establishments Code Questions Paper

Duration 02 hours. Should answer five (05) out of eight (08) questions.

Syllabus

- (i) General Regulations of the Department of Health Services in Health Ministry
- (ii) Orders and Regulations of the Public Service Commission
- (iii) Establishments Code

Part II - Chapters XLVII & XLVIII

07.1.2 Administration of Hospitals & Dispensaries Questions Paper

Duration $1^{1}/_{2}$ hours. Total marks 100. Should answers four (04) questions out of seven (07) questions.

Syllabus

Health Manual

- I. Administration of Hospital and Public Health
- II. Management of Laboratory Services
- III. Management of Drugs

07.1.3 Accounts Questions Paper

Duration 02 hours. Should answers 04 questions out of 07 questions.

Syllabus

- (i) Regulations of Stores Accounts of the Department of Health Services
- (ii) Sections of Finance in the manual of the Department of Health Services
- (iii) Financial Regulations relating to the daily routine duties of a Medical Officer of Health

Chapter I - F.R 1, 2, 78

Chapter II - F.R 90, 91, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 113,

115, 118, 119

Chapter III - F.R 124, 125, 126, 127, 128, 131, 133, 134, 135, 136, 137, 138,

139, 140, 142, 143, 151, 152, 154, 155, 156, 189

Chapter V - F.R 200, 201, 215, 225, 238, 245, 255, 257, 260

Chapter VI - F.R 380, 381, 382, 383, 384, 385, 386, 388, 389, 390, 391, 392,

393, 394

Chapter VII - F.R 488, 493

Chapter XIII - F.R 715, 716, 756, 757, 758

Procurement Guideline

Chapter 1 - All Sections

Chapter 2 - Section number - 2.3, 2.4, 2.5, 2.6, 2.7, 2.8

Chapter 3 - Section number - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9

07.2 Viva Voce - Sinhala/Tamil

This oral test is conducted by the staff officers of the Departmental to measure the proficiency in Sinhala/Tamil. Ability of the Sinhala medium officers to communicate in Tamil medium and the ability of the Tamil medium officers to communicate in Sinhala medium regarding the matters that arise while discharging their normal duties is tested. Duration 10 minutes

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 equipments 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 relevant officers in your Division / Specialized Campaign/ Institution. The information is also available in the website www.health.gov.lk
 - n.b In case of any inconsistency between the texts Sinhala, Tamil and English the text in Sinhala Language shall prevail.

Chamika H. Gamage

Deputy Director General (Admin) II

For Secretary

Chamika 2. Gamage

Deputy Director General (Administration) 6.

Ministry of Health

"Suwasiripaya"

Colombo 10.

EXM

Specimen form of application

Departmental Examination for Preliminary Grade Medical officers & Dental Surgeons - March 2024

01.	(a)	i.	Full Name of the Applic	cant (In Sinhala):									
		ii.	Full Name of the Appli	cant (In English C	apitals	Block Lette	ers)						
					Т						- 1		
						-				+ +		_	
		1											
		iii.	Name with initials (In S	inhala):									
		iv.	Name with initials (In E					• • • • • •					
		.,.	Traine with inicials (iii E	I I I	T T		1 1			1 1			
		-			-								
		L											
	(b)	i.	Designation (Please man	rk (√) in relevant c	age)			_					
			I. Medical Officer			II. Denta	al Surgeo	on					
		ii.	Date of Internship appoint	intment			:	•••••					
		iii.	Date of appointment to	the preliminary Gr	ade/ G	rade II	:						
02.			Offered (Mark "✓" wi he subjects not offered)	thin the cages ag	ainst tl	ne subjects	you offe	er in	this Ex	aminatio	on. M	ark "X"	
		Admin	of Hospitals & Dispensar	ries [Fetabli	shments Co	de [1 4000	ounts [1	
							uc [] Acco	Junts]	
	S	Sinhala	Viva Voce		Tamil	Viva Voce							
03.	1	Medium	you sit for the examinat	ion (Mark "✓" in ı	relevan	t cage)							
	5	Sinhala	Englis	sh	Tan	nil							
04.	((a)	i. Present Station :										
			ii. This Institution belon		Ministry ncial Co								
	((b)	i. If Provincial Council			1.							
	3		ii. District of the Present	t Station :									
	((c)	i. Mobile Telephone No				T	I	1				
		C 2	1000					1	J				
			ii. E-Mail Address :						• • • • • • • • • • • • • • • • • • • •			••	
	((d)	National Identity Card N	10									
	((e)	Please mark '\struct' in the relevant cage of the examination centre you prefer out of the following cer (If any or several examination centers, out of those given below, would be cancelled due departmental requirement or due to absence of a sufficient number of candidates. In such an instant the candidates already attached to such centers would be re-attached to a closest examination cent to another center as decided by the Director General of Health Services)									e to a stance,	
									A			1	
			Colombo	Kandana	Щ	Hambanto	ota	_	Ampa	ra]	
			Kaluthara	Galle		Badulla			Vavur	niva			
			Kurunegala	Anuradhapura		Rathnapu	ra		Polon	naruwa			
			Kandy .	Batticaloa		Jaffna			Trinco	omalie			

(f) Whether one self-addressed envelope in the size of 9 x 4 inches with stamps affixed to t Rs.110.00 has been attached to the application to post the Admission Card?									
	(g)	(i) Postal Address to post the Admission Card (In Sinhala):							
		(ii) Postal Address to post the Admission Card (In English):							
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.	Certi	ate of the candidate :-							
	(i) (ii)	do hereby certify that the particulars furnished by me in this application are true and accurate to mowledge and I need not affix stamps since I sit the Examination for the first time / have affixed stamps the value of Rs since I repeat the Examination,* and the stamps affixed by me to the application regenuine and not used. agree to abide by the rules and regulations stipulated by the Ministry of Health for the conduct of the Examination and if I was found ineligible in accordance with the scheme of the Examination I agree with the scheme of the Examination I agre	ps on iis						
		whatever decision taken for the cancellation of my candidature. Date							
07.	Cont	eation of the officer who handle the personal file.							
07.		I certify that this application has been delivered to me before/ pass the last date of receipt and that the							
		tion has correctly completed this application as per the information in the personal file and that he h							
	qualifications required to appear for departmental examination and that a copy of this application h								
		ed in the personal file							
	Data								
	Date	Name and Signature							
08.	Cert	Certification of Head of Institution:							
5.75		I certify that Mr./Mrs./Miss							
		particulars furnished by him/her in the application are correct according to the particulars in his/h							
		al file, and he/she sit the examination for the first time and he/she is eligible to sit this examination a							
		placed his/her signature in my presence.							
		Signature of the Head of Institution (Rubber Stamp)							
09.	Cert	cate of the Head of Decentralized unit / specialized Campaign							
	*Mr/ Surg in ac	*Mr/Mrs/Missserves as a Medical Officer/ Dental Surgeon* 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 un Specialized campaign (Frank / Rubber Stamp)	it/						

(*-Delete words which are inapplicable)