

General Circular Letter: 02-78/2022.

ETR/SA/10/2022
Office of the DDG (ET&R)
Ministry of Health,
385, Deans Road,
Colombo 10.
16.08.2022

Provincial Health Secretaries,
Provincial Directors of Health Services,
Regional Directors of Health Services,
Heads of Decentralized Units/ Specialized Campaigns,
Directors of Hospitals under the line Ministry & Heads of the Institutions
All Heads of Training Schools

Issue of Certificates & Educational Transcripts for Preservice/Basic Training Programmes.

1. Ministry of Health conducts basic training programmes to train health manpower mainly for the state health sector and in addition, it also caters to the private health sector in Sri Lanka to a lesser extent. It has been observed that some of the health ministry-trained personnel request their educational transcript for their higher education or employment purpose in Sri Lanka and abroad.
2. The application should be submitted through proper channels and prepared as per specimen form appended, duly certified by the Head of Institution, in the case of Line Ministry Institutions and in case of Provincial applicants by Regional Director, Provincial Director, and Provincial Ministry of Health, to be sent to **Deputy Director General (Education, Training & Research), "Suwasiripaya", No. 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10** with fees specified below.

Type of transcript	Fee for Local applicants	Overseas applicants
Certificate of Transcript	Rs.5000.00	US \$ 50
Certificate of Transcript with correction/s		
Diploma/Higher Diploma Certificate with correction/s	Rs. 5000.00	US \$ 100
Duplicate of Diploma/ Higher Diploma Certificate		
Diploma/Higher Diploma Certificate (Original)	Free	US \$ 50
Conversion of Proficiency Certificate to Diploma		

3. This circular will be effective from date of signature and funds collected should be remitted to Consolidated Fund (2003.99.00)
4. **Eligibility Criteria**
- Officers should be trained in the training school under the Ministry of Health
 - Fees should be paid as specified in section two (2) of this circular at an exchange rate of the date of payment. Please adhere to the instructions given for the applicant under Paragraph B) on page 2 of the Application Form.
 - Officer should submit the documentary proof for the intended purpose.
5. The Circular letter No 02-91/2013 dated 09.05.2013 issued in this regard is hereby cancelled.



S. Janaka Sri Chandraguptha
Secretary Health

S. Janaka Sri Chandraguptha
Secretary
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

Application for the Request of Transcript / Certificate under General Circular Letter No.

Section - A

01. Item of request:

- | | |
|--|--|
| <input type="checkbox"/> Transcript
<input type="checkbox"/> Diploma or Higher Diploma Certificate
<input type="checkbox"/> Correction of Transcript | <input type="checkbox"/> Correction of Diploma/Higher Diploma Certificate
<input type="checkbox"/> Conversion of proficiency certificate to Diploma Certificate
<input type="checkbox"/> Duplicate of Diploma/Higher Diploma Certificate |
|--|--|

02. (i). Name with initials (in block letters)

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(ii). Full Name of the applicant (in block letters)*, Note: This name will be used in the transcript/ diploma certificate

*- If the name stated in the form is different either from the birth certificate or NIC or in the Diploma certificate already issued from the Ministry of Health, you have to submit a letter of request for issuing the transcript/certificate with the name stated in 02. ii) with the reason and an affidavit for change/discrepancy in the name in the birth certificate, NIC, Diploma certificate, or the name in 02. ii)

03. Category of the Profession (e.g., Nursing, MLT, etc.):

04. Contact details:

- (i) Telephone: -Official..... (Private)..... (Mobile).....
 (ii) Email (personal): -

05. If you are employed in the Ministry of Health, the name of the institution/ area of work

Section - B

06. Details of Training School:

- i) Name of the training school: - Batch Student Reg. No: -
 ii) Date of admission: - Date of Passed out: - Date of award of the diploma

07. Reason for applying for a Transcript/Diploma Certificate (*If you are requesting a duplicate as the original is lost, documentary evidence (Affidavit or police report), should be produced along with the application to prove the original is lost*)

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08. Address where it should be e-mailed (Applicable only to applicants residing abroad, as the Ministry of Health will not take the responsibility of posting the transcript/certificate. If the hard copy is needed, nominate someone in Sri Lanka to collect it by sending a letter with the name and the NIC or Passport number of the nominee)

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09. Declaration by applicant

I hereby certify that the particulars given by me in this application (01 to 09) are true and accurate. If any information is found to be incomplete or incorrect, I am fully aware that my application will be rejected and the payments done are non-refundable.

.....
 Date

.....
 Signature of the applicant

Instructions for the Applicant:

A) Attachments: Certified copies of the following documents to be attached with the application

- i. Birth certificate
- ii. National Identity Card / Passport
- iii. Original Diploma certificate* (*If you have*)

*- *If the original certificate is lost, documentary evidence (Affidavit or police report), should be produced along with the application to prove the original is lost)*

B) Payment:

Applicant should make the payments of the relevant amount, as per the Circular letter No Dated issued by the Secretary of Health, by crediting it to the account of the Director General of Health Services, Account No 7040244, Bank of Ceylon, Taprobane branch and produce the bank receipt with the application, to the ET&R Unit.

Certificate of the Head of Institution: -

I certify the particulars in Paragraph 05 and above of Mr/Mrs/Miss (Designation)
.....are correct.

.....
Date

.....
Head of Institution (*Signature & Rubber stamp*)

Certificate of the Regional Director of Health Service (Provincial Applicants): -

I certify the particulars in Paragraph 05 and above of Mr/Mrs/Miss (Designation)
.....are correct.

.....
Date

.....
RDHS/ PDHS (*Signature & Rubber stamp*)

Office Use Only

Details in No 08 of Section B are correct / corrected and confirmed. The transcript is prepared and submitted to the ETR Unit.

.....
Principal (*Signature & Rubber stamp*)

Details of Payment receipt: Number: Date:

Subject officer at the ETR Unit:
Name

.....
Signature

Recommendation and Approval for issuing of transcript/certificate:

Recommended / Not recommended

Approved / Not Approved

.....
Director (Training / Nursing Education)
(*Signature, Date & Rubber stamp*)

.....
DDG (ET&R)
(*Signature, Date & Rubber stamp*)

Collection of the Certificate (Local Applicant):

Note: As the Ministry of Health will not take the responsibility of posting the transcript/certificate, the hard copy has to be collected or nominate someone to collect it by sending an affidavit with the name and the NIC or Passport number of the nominee.

Collected the transcript/ diploma certificate, corrected/duplicated.
(Note: cut across the words not applicable)

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Name, NIC, Date and Signature of the Collector