| දුරකථන<br>தொலைபேசி<br>Telephone               | ) 0112669192 , 0112675011<br>) 0112694033 , 0112675280<br>) 0112675449 |  | මගේ අංකය<br>எனது இல<br>MyNo. | )<br>)<br>) ETR/D/UOP-HY&RAD/01/2023 |
|---|--|--|------------------------------|--------------------------------------|
| ෆැක්ස්  | ) 0112693866   |  |                              |                                      |
| பெக்ஸ்  | ) 0112693869   |  | ඔබේ අංකය                     | )                                    |
| Fax   | ) 0112692913   | No. of the last of | உமது இல                      | )                                    |
| විදාදුක් කැපෑල<br>மின்னஞ்சல் முகவரி<br>e-mail | ) postmaster@health.gov.lk<br>)  | සුවසිරිපාය<br>சுவசிரிபாய   | Your No.<br>දිනය<br>නිසනි    | )<br>)<br>) 64/12/2025               |
|   | <i>*</i>   | SUWASIRIPAYA   | Date                         | )                                    |
| වෙබ් අඩවිය                                    | ) www.health.gov.lk  |  |                              |                                      |
| இணையத்தளம்<br>website                         | ි සෞඛ්ය  | හා ජනමාධා අමා  | තහාංශ                        | ය                                    |
|   | 1,20   |  |                              | 7 <u>2</u> 3                         |

# சுகாதார மற்றும் வெகுஜன ஊடக அமைச்சு Ministry of Health & Mass Media

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, All Heads of the Institutions,

#### Lateral Entry to B.Sc. Programmes at Faculty of Allied Health Sciences, University Peradeniya - 2024/2025

With reference to the letter no ETR/D/UOP-PHY. & RAD. /01/2023 and dated 21st November 2025.

I wish to inform you that, as stated in the aforesaid letter, the closing date for calling applications has been extended from 28th November 2025 to 10th December 2025.

Dr. G. S. P. Ranasinghe

Director (Training)

cc.

Dr. G.S.P Ranasinghe

Director (Training)

(Education, Training & Research) Education Training & Research Unit

Ministry of Health

"Suwasiripaya"

Colombo 10.

- Additional Secretary (Admin) II
- 2. Director General of Health Services
- 3. Deputy Director General (Education, Training & Research) (F.N.A)
- 4. Deputy Director General (Admin) III (F.N.A)
- 5. Director (Training) (F.N.A)
- 6. Director Administration II To prepare Bond and Agreement
- 7. Dean, Faculty of Allied Health Sciences, University of Peradeniya
- 8. Chief Legal Officer, Ministry of Health

| දුරකථන   | ) 0112669192 , 0112675011       |                          | මගේ අංකය<br>எனது இல   | )                         |
|--|---------------------------------|--------------------------|-----------------------|---------------------------|
| தொலைபேசி   | 0112694033 , 0112675280         |                          | MyNo.                 | ) ETR/D/UOPHY&RAD/01/2023 |
| Telephone  | ) 0112675449                    |                          |                       | , Ellos collitation 2020  |
| ෆැක්ස්   | ) 0112693866                    |                          |                       |                           |
| பெக்ஸ்   | ) 0112693869                    |                          | ඔබේ අංකය              | )                         |
| Fax  | 0112692913                      |                          | உமது இல               | )                         |
|  |                                 |                          | Your No.              | ĵ                         |
| විදාුුක් කැපෑල<br>மின்னஞ்சல் முகவரி<br>e-mail    | ) postmaster@health.gov.lk<br>) | සුවසිරිපාය<br>சுவசிரிபாய | දිනය<br><b>නි</b> සනි | ) / / / / / / 2025        |
|  |                                 | SUWASIRIPAYA             | Date                  | ) (                       |
| වෙබ් අඩවිය                                       | ) www.health.gov.lk             |                          |                       |                           |
| ®ணையத்தளம்<br>website මසෟඛා හා ජනමාධා අමාතාහාංශය |                                 | <b>3</b>                 |                       |                           |
|  | ககாகார மற்ம                     | ന്വഥ പ്രെക്രജ്ഞ ഉണ       | ர க அல                | ത്വറക്ക                   |

Ministry of Health & Mass Media

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,

All Heads of the Institutions.

### Lateral Entry to B.Sc. Programmes at Faculty of Allied Health Sciences, University Peradeniya - 2024/2025

Applications are hereby invited from suitably qualified candidates who are currently in Health Services and working under the Ministry of Health / Provincial Ministry of Health to follow the B. Sc. (Hons) in Physiotherapy / Radiography degree programmes conducted by the Faculty of Allied Health Sciences, University of Peradeniya. The duration of the course at the University of Peradeniya is four (04) years. Paid leave will be granted only for the first 03 years, and the last year is clinical attachment. Therefore, paid leave for the last year will not be granted.

#### 1. Entry Qualifications

- 1) Applicant should have a Diploma in respective disciplines and should be registered with the Sri Lanka Medical council (SLMC)
- 2) Applicant should have completed the bond period of service under the Ministry of Health / Provincial Ministry of Health in the relevant post and shall be permanent officers (confirmation of service) in the post at the date of closing applications.
- 3) Applicant should be below 45 years of age at the date of closing applications.
- 4) Applicant should have appropriate mental and physical fitness to pursue the course of the selected field of study.
- 5) Trainees will be selected from selection test and an interview conducted by the University of Peradeniya.
- 6) Applicant shall at least have a credit pass (C) in English for GCE (O/L) examination.
- 7) Applicant who applies for the Physiotherapy Degree Programme should have passed the GCE (A/L) examination in the Biology Stream (Biology: Zoology & Botany, Chemistry, and Physics) in one sitting.
- 8) Applicant who applies for the Radiography Degree Programme should have passed the GCE (A/L) examination in either the Biology Stream (Biology: Zoology & Botany, Chemistry and Physics) or the Mathematics Stream (Combined Mathematics: Pure Mathematics and Applied Mathematics, Chemistry and Physics) in one sitting.

#### 2. Applications

- a. The applications should be prepared as per the specimen form appended here and should be duly certified by the Head of the Institution. In the case of Line Ministry Institutions, the head of the institutions and in the case of Provincial Institutions, the Regional Director of Health Services, and the Provincial Director of Health Services, Provincial Secretary of Health should certify and authorize the applications.
- b. Applications should be sent by Registered Post to reach the <u>Deputy Director General (Education, Training & Research)</u>, <u>Ministry of Health & Mass Media</u>, "Suwasiripaya" No. 385, Ven. Baddegama <u>Wimalawansa Thero Mawatha</u>, <u>Colombo 10</u>, on or <u>before 28<sup>th</sup> November 2025</u>, through the Head of the Institution / Provincial Secretary of Health. Applications which are incomplete or received after the closing date will be rejected. The words "Lateral Entry to B.Sc. Programmes at Faculty of Allied Health Sciences, University of Peradeniya 2024/2025" Should be legibly marked in the left upper corner of the envelope.
- <u>Two copies of applications with relevant documents</u> should be sent in the registered post to above mentioned address.
- d. Please note that delayed application after the closing date will not be taken. The applications should reach the ET&R Unit on or before the closing date.

#### 3. Selection Examination

The applicants will be required to sit for an aptitude test and interview conducted by the University of Peradeniya and the structure of the examination will be decided by the University of Peradeniya.

#### 4. Service Agreement

Selected candidates will be granted three (03) years of paid leave. Candidate should sign a bond with the Secretary of Health / Provincial Secretary of Health agreeing to duly complete the course and to serve for 10 years obligatory service in the Ministry of Health (Line Ministry or Provincial Ministry) upon completion of the course. The value of the Bond shall be Rs.600,000/=

In the event a selected candidate fails to complete the said degree programme or failing to fulfil the conditions laid down by the Ministry of Health / Provincial Health Ministry pertaining to the bond and agreement, appropriate legal action will be taken against such candidates to recover the bond and agreement. The officer shall revert back to their original position and place of work after completion of degree.

However, by virtue of this training, the candidates have no right to demand a higher post. In addition, absorbing the trainees who have completed the course in to a higher post in the department depends on the existing vacancies and solely on the discretion of the appointing authorities.

5. Please ensure that the contents of this letter are brought to the notice of all eligible officers in your Institution / RDHS area / Province / Campaign.

Dr. Anil Jasinghe

Secretary

Dr. Anil Jasinghe

Secretary
Ministry of Health & Mass Media

"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10

cc.

- 1. Additional Secretary (Admin) II
- 2. Director General of Health Services
- 3. Deputy Director General (Education, Training & Research) (F.N.A)
- 4. Deputy Director General (Admin) III (F.N.A)
- 5. Director (Training) (F.N.A)
- 6. Director Administration II To prepare Bond and Agreement
- 7. Dean, Faculty of Allied Health Sciences, University of Peradeniya
- 8. Chief Legal Officer, Ministry of Health

## B. Sc. (Hons) in Physiotherapy / B. Sc. (Hons) in Radiography Degree Programme - 2024 / 2025

| 1.  | Name with initials (In block letters):         |  |           |
|-----|--|--|-----------|
| 2.  | Full name of the applicant (In block letters): |  |           |
| 3.  | i) Designation:ii) Date of first appointment:  |  |           |
|     | iii) Present Grade:                            |  |           |
| 4.  | Address i) Official: ii) Private:              |  |           |
| 5.  | Telephone:                                     |  |           |
|     | Official: Private:                             | Mobile:  |           |
| 6.  | Date of Birth (Y/M/D):                         |  |           |
| 7.  | NIC No:  |  |           |
| 8.  | Age: (Y)(M)                                    |  |           |
| 9.  | Sex: - Male / Female:                          |  |           |
| 10. | . Marital Status                               |  | , gendula |
| 11. | . Educational Qualifications:                  |  |           |
|     | i. G.C.E (Advanced Level) Examination Res      |  | Year:     |
|     | Subject  | Grade  |           |
|     |  |  |           |
|     |  |  |           |
|     | ii. G.C.E (Ordinary Level) Examination Results |  | Year      |
|     | Subject English                                | Grade  |           |
| 12. | Dataila of amplexment                          |  |           |
|     | a. Current employment                          |  |           |
|     | i. Designation:                                |  |           |
|     |  |  |           |
|     | iii. Date of appointment to the present star   |  |           |
|     | iv. Permanent / Pensionable / Non – Pens       | miles and the second se |           |
|     | v. Are you confirmed in the service (Yes       |  |           |
|     | vi. If Yes, Date of confirmation:              |  |           |

| Institution               | Designation  | From                          | То   |
|---------------------------|--|-------------------------------|--|
|                           |  |                               |  |
|                           |  |                               |  |
|                           |  |                               |  |
|                           | ifications/ Other Qualification  |                               |  |
| Examination               | Year   | Institution                   | Pass/Grade   |
|                           |  |                               |  |
| WINNESS CONTRACTOR        |  |                               |  |
| L.                        |  |                               |  |
| . Have you taken /giver   | no pay leave? (Yes / No)   |                               |  |
|                           | S  |                               |  |
|                           |  |                               |  |
|                           |  |                               |  |
| . Have you ever been co   | onvicted in a court of Law for   | or a criminal offence? (Yes   | s / No)  |
| If yes, furnish particul  | lars of such conviction and p  | enalty imposed.               | **   |
|                           |  |                               |  |
|                           |  |                               |  |
| . Registration Number     | in the Sri Lanka Medical Co  | uncil (E.g. Physiotherapy /   | Radiography)   |
| Number                    |  | Date                          |  |
|                           |  |                               |  |
| . Applicants are requir   | ed to attach certified copies  | s of following certificates   | along with the application for   |
| Attachments               |  |                               | V  |
| Birth Certificate         |  |                               |  |
| National Identity Card    |  |                               |  |
| Educational Certificat    | es   |                               | THE RESERVE THE PARTY OF THE PA |
| Diploma Certificate o     | f related Designation  |                               |  |
| Registration certificate  | e of SLMC  | 100.00                        |  |
| Service confirmation I    | etter  |                               | W-18-20  |
|                           |  |                               |  |
| Declaration by Applic     | eant   |                               |  |
| hereby certify that the   | particulars given by me in   | this application are true ar  | nd accurate. If any information  |
|                           |  |                               | be rejected or if found later,   |
|                           |  |                               | expenses applicable according  |
| ne bond and agreement.    |  | g                             | empenses approach according  |
|                           | NAME OF THE PROPERTY OF THE PR |                               |  |
|                           |  |                               | st. Although I have completed  |
| ourse, I have no right to | claim additional benefits fro  | om the department.            |  |
| am also aware that in ca  | use if I am selected for the ab  | nove course I shall enter int | to an agreement and bond with  |
|                           | vincial Secretary of Health a  |                               |  |
|                           | Storeday of Housen's   | superated in the said adv     | oreisonione,   |
|                           |  |                               |  |
|                           |  |                               |  |
| Date                      |  | Signature of the Appli        | icant  |

# Certification of the Subject Clerk & Administrative Officer I certify that particulars given by Mr / Mrs / Miss ...... (Designation) (NO / HAVE) disciplinary action against this officer and do .......(NOT HAVE / HAVE) no pay leave. ........... Date Relevant Subject Clerk - Name & Signature I certify that particulars given by Mr/Mrs/Miss.....(Designation) ................ Administrative Officer -Name, Signature & Official Stamp Date Certification of the Head of the Institution (Line Ministry Institutions) in sections 01 to 16 are correct and his/her work and conduct for 3 years to follow BSc. (Hons) in Physiotherapy / Radiography Degree Programme conducted by the

Signature of Head of Institution (Official Stamp)

University of Peradeniva.

Date

## Certification of the Regional Director of Health Service (for Provincial Applicants)

|  | rs/Miss(Designation)  |
|--|---|
|  | in sections 01 to 16 are correct and his/her work and conduct   |
|  | ted, he/she(could be released / cannot be released) in Physiotherapy, Radiography Degree Programme conducted by the |
| Date                                   | Signature of RDHS (Official Stamp)  |
| Certification of the Provincial Direct | or of Health Service (for Provincial Applicants)  |
| are                                    | Mrs / Miss  |
| Date                                   | Signature of PDHS (Official Stamp)  |
| Certification of the Provincial Secret | ary of Health (for Provincial Applicants)   |
| If selec                               | ted, he/she(Designation) siotherapy, Radiography Degree Programme conducted by the University                       |
| Date                                   | Signature of Provincial Secretary of Health (Official Stamp)  |