දුරකථන தொலைபேசி Telephone) 0112669192 , 0112675011) 0112698507 , 0112694033) 0112675449 , 0112675280		எனது இல My No.)	ETR/D/UOC- FON /02/2023		
ரைක්ස් பெக்ஸ் Fax) 0112693866) 0112693869) 0112692913		ඔබේ අංකය உഥது இல Your No.)			
විදාපුත් තැපැල மின்னஞ்சல் முகவரி c-mail වෙබ් අඩවිය இணையத்தளம்) postmaster@health.gov.lk))) www.health.gov.lk	<u>මූ</u> සුවසිරිපාය சுவசிரிபாய SUWASIRIPAYA	දිනය <mark>නි</mark> සනි Date)	23/.10.2024		
website	මසෟඛාය අමාතාහාංශය சுகாதார அமைச்சு Ministry of Health						

මගේ අංකය

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,

BSc. (Hons.) in Nursing Degree Program conducted by Faculty of Nursing, University of Colombo

Applications are hereby invited from suitably qualified candidates who are currently in the Health Services and working under the Ministry of Health / Provincial Ministry of Health to follow the BSc (Hons.) in Nursing degree programme conducted by the Faculty of Nursing, University of Colombo. The selected candidates will be enrolled to the 3rd academic year (exempted from the 1st and 2nd year studies) to follow the BSc (Hons.) in Nursing four (04) year degree programme.

1. Entry Qualifications

- 1) Applicant should have obtained a Diploma in Nursing and should be registered with the Sri Lanka Nursing Council / Medical Council
- 2) Applicant should have completed a minimum of five 05 years of service under the Ministry of Health / Provincial Ministry of Health in the relevant post and shall be permanent officers in the post at the date of closing applications.
- 3) Applicant should be below 45 years of age at the 01st January 2025.
- 4) Applicant should have "S" pass each (or its equivalent) in Biology (Zoology & Botany), Chemistry and Physics at the GCE (A/L) examination at the same sitting.
- 5) Applicant shall at least have a credit pass (C) in English for GCE (O/L) examination.
- 6) Applicant should have appropriate mental and physical fitness to pursue the course of the selected field of study.
- 7) Trainees will be selected from an aptitude test and interview conducted by the Faculty of Nursing, University of Colombo.

- 2. Applications

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 should certify the authorize the applications. Applications should be sent by Registered Post to reach the **Deputy** Director General (Education, Training & Research), Ministry of Health, "Suwasiripaya" No. 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 05th November 2024, through the Head of the Institution / Provincial Director of Health Services. Applications which are incomplete or received after the closing date will be rejected. The words "Lateral Entry to B.Sc. (Hons) Nursing Degree Programme of Faculty of Nursing, University of Colombo" Should be legibly marked in the left upper corner of the envelope.

3. Selection Examination

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

4. Service Agreement

Selected candidates will be granted two (02) years of paid leave. Candidate should sign a bond with the Secretary of Health / Provincial Secretary of Health agreeing to complete the course and to serve for 10 years obligatory service in the Ministry of Health Sri Lanka (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.

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 circular are brought to the notice of all eligible officers in your Institution / RDHS area / Province / Campaign.

Dr. P.G Mahipala

Secretary

Dr. P. G. Mahipala

Secretary Ministry of Health "Suwasiripaya"

385, Rev. Baddegama Wirnalawansa Thero Mawatha.

Colombo 10. Sri Lanka.

Cc.

- 1. Additional Secretary (Admin) II
- 2. Director General of Health Services
- 3. Deputy Director General (ET&R)
- 4. Deputy Director General (Admin) II (F.N.A)
- 5. Director Training
- 6. Director Administration I To prepare Bond and Agreement
- 7. Dean, Faculty Nursing, University of Colombo
- 8. Chief Legal Officer, Ministry of Health

Lateral Entry to B. Sc. (Hons) in Nursing at Faculty of Nursing, University of Colombo - 2024 November

Name with	initials (In block letters)	
	4.2	
ii) Date of f	irst appointment	
Telephone: Official		Mobile
Date of Bir	th (Y/M/D)	
NIC No		
Age	(Y) (M)	(D) (as at 05th of November 2024)
Sex: - Male	/ Female	
Marital Stat	tus	
		esults: - Index No
	Subject	Grade
		•••••••••••••••••••••••••••••••••••••••
ii. G.C.E (O	Subject	lts: Index No. Year
a. Current i. Des ii. Ins iii. Dat iv. Per v. Are	employment signation: titution / Department: te of appointment to the present symanent / Pensionable / Non – Pere you confirmed in the service:	tation: nsionable / Temporary:
	i) Designati ii) Date of fi iii) Present Address i) Official ii) Private Telephone: Official Date of Bir NIC No Age Sex: - Male Marital Star Educationa i. G.C.E (O Details of ea. Current i. Desiii. Instiii. Dat iv. Per v. Are	i) Designation

Institution	Designation	From	То	
c. Professional Qualific	ations/ Other Qualification	ne		
Examination	Year	Institution	Pass/Grade	
Examination	1 cai	Institution	Tass/Grade	
	o pay leave? Yes / No			
If yes, furnish particulars	victed in a court of Law fo of such conviction and pe	enalty imposed.		
(CF)	anka Nursing Council			_
form.	to attach certified copie	s of following certifications	ates along with the a	pplicat
Attachments				1
Certified copy of Birth	Certificate			
Certified copy of Natio	onal Identity Card	8		
Certified copies of Edu	icational Certificates			
Certified copy of Certification Nursing Council (SLN	ficate of Registration Sri I C)	Lanka Medical Council	(SLMC) / Sri Lanka	
und to be incomplete or ir	iculars given by me in this acorrect, I am fully aware a nued and liable to recover	that my application will	be rejected or if found	d later,
e course, I have no right to	this training, I have no rigo claim additional benefits	from the department.		
	if I am selected for the abovincial Secretary of Healt			bond w
Date		Signature of the Ap		

I certify that particulars given by	Mr / Mrs / Miss(Designation)
	in sections 01 to 16 are correct. I confirm that there is NO / HAVE
	officer and do NOT HAVE / HAVE no pay leave.
•••••	
Date	Relevant Subject Clerk - Name & Signature
	/ Mr / Mrs /Miss (Designation)
	in sections 01 to 16 are correct. I confirm that there is NO / HAVE officer and do NOT HAVE / HAVE no pay leave.
Dete	A latitity of the Name of the Control of the Contro
Date	Administrative Officer -Name, Signature & Official Stamp
Certificate of the Head of the I	Institution
are	Mr / Mrs / Miss
Date	Signature of Head of Institution (Official Stamp)
Certificate of the Regional Dire	ector of Health Service (for Provincial Applicants)
this applicant is	y Mr / Mrs / Miss
Date	Signature of RDHS (Official Stamp)
Certificate of the Provincial Di	irector of Health Service (for Provincial Applicants)
(Designation)and conduct of this applicant is.	wen by Mr / Mrs / Miss
Data	Signature of PDHS (Official Stamp)