

# Guidelines and Protocols for the Public Officers

*Human Resource Management and Office System*



**Ministry of Health**

**2021**



## **Message of the Hon. Minister**

Public service is the most powerful squad that can forge the future of the country ahead towards the right direction. The Health Service at present has become a service which has received the entire attention and respect of every citizen of the country. Therefore, with the spread of Covid pandemic, the health service in Sri Lanka has received more social attention and appreciation than ever before.

At a time even the world super powers were in a dilemma, unable to control the global pandemic Covid 19, I am humbly satisfied with the efforts made in controlling the pandemic situation whereby ensuring the safety of Sri Lankans and I highly appreciate the cooperation always extended by those in the medical profession in hospitals and health sector administration staff, in this self-sacrificing endeavor.

I have maintained cordial relations with the public service in the country, which includes the Health Service, since a period of nearly three decades with my experience as a politician. Therefore it is observed that the issues of many who visit me daily are related to administrative procedures.

Having identified those issues and the areas from which they are arising, through proper study of the existing administrative rules, the effort taken by the authorities towards enhancing quality of the service rendered by the health service staff to address those issues systematically and efficiently, is much appreciative.

Not for the dedicative effort and active contribution made by all Hospital Secretaries/ Administrative Officers led by Mr. Sirimal Lokugamage, Deputy Director General (Admin) of this Ministry, it would not have been possible to publish a valuable handbook of this kind and I make use of this opportunity to extend my heartiest compliments to the entire health staff of the Ministry and the Secretary who steered to make this undertaking a resounding success.

**Keheliya Rambukwella**

Minister of Health

## **Message of the Secretary of Health**

In my capacity as the Secretary of this Ministry, I am pleased to contribute my share with frequent dedication and offer the guidance necessary for enhancing quality of the public service with the help of vast experience and wide knowledge gained by me during my tenure of office in the public service. Since the date of assuming duties in the post, I realized the necessity of addressing administrative issues in the health sector employees first and creating an environment which enables to serve the people efficiently and effectively within a policy framework identified by the government. Accordingly, as an initiative, I have taken suitable measures to formulate all necessary procedures to ensure the smooth functioning of day-to-day activities.

I appreciate this effort very much as extension to the same forward march taken to regularizes frequently arising administrative issues which being fulfilment of a long-felt need in the country's health service. I would like to extend my sincere thanks to Hospital Secretaries / Administrative Officers and the entire staff of this Ministry including Mr. Sirimal Lokugamage Deputy Director General (Admin) 1, who pioneered the undertaking of providing the public with exemplary service dedicating their time and energy even going beyond the scope of duties.

I cordially invite you all to try your best to provide efficient and quality service to the needy through the effective performance of the mission of the staff attending to office administrative functions in keeping with this "Human Resource Management Guidelines and Protocols for the Public Officers".

**Dr. H.S. Munasinghe**  
Secretary of Health

## **Message of the Director General of Health Services**

The main objective of the Ministry of Health engaged in the pioneering mission in the health sector in Sri Lanka is to heal the world of future generation whereby creating a favourable environment for them to live with dignity and respect. Its end result is to contribute towards the betterment of people's economic, physical, mental and moral standards of living through application of professional excellences in the field of health in the country.

Accordingly, a strong foundation is being laid to achieve the set development goals in the country's health sector in line with the policy framework identified by the government. Needless to say that this "Human Resource Management Guidelines and Protocols for the Public Officers" in the health staff would be making an enormous contribution to make this endeavour a reality. At a time when much attention is being paid to the health sector in Sri Lanka locally and internationally, the staff satisfaction and mental soundness gained by the employees through making the administrative procedures easy, effective and simplified shall be beyond price in terms of any criteria.

I am much grateful to all members of the staff, Hospital Secretaries and Administrative Officers particularly to Mr. Sirimal Lokugamage who is rendering an enormous service to this Ministry in his capacity as Deputy Director General (Admin) I being the pioneer of this task and all those who in the Ministry and outside for their contribution in various ways to make this long-felt need fulfilled successfully.

I do hope that the knowledge and understanding gained through the use of this guideline would be much useful in the performance of administrative functions of this Ministry.

**Dr. Asela Gunawardhane**

Director General of Health Services

## **Preamble**

Streamlining of office systems, office management and human resource management are the main contributory factors towards ensuring effective performance of the public service and successful implementation of the development process of the government. Therefore, paying special attention on its capacity and strength is a need of the hour. Social advancement of any country depends on the successful implementation of its institutional system. The various institutions and organizations have been established to cater to those public needs aimed at enhancing their living standards. Therefore, it is timely need to provide correct guidelines and the required knowledge and training to the officers in the management and parallel services being fore-runners in dealing with the public.

At a time when public service is subject to various forms of criticism, I am humbly proud of my being able to publish a handbook of guidelines on office system and management, helpful towards the delivery of quality service to the general public in an effective and efficient manner.

Although various types of handbooks have been published by the Ministry of Health and Hospitals/ Institutions, operating under its purview, providing health services to the public, I feel that instructions and guidelines provided through them are not sufficient. That's why I pioneered the role of publishing a handbook on Human Resource Management and Office System, which provides guidance to officers in management and paralleled services in performing their duties and functions.

I am of the view that this handbook providing guidance on office system and management would be useful to all engaged in the field of office management and activities apart from being additional strength to perform duties effectively and efficiently.

I would like to take this opportunity to extend my heartfelt gratitude to the former Secretary of the Ministry Mrs. B.G.S. Gunathilake, the present Secretary, Dr. H.S. Munasinghe, Additional Secretary (Admin) I, Mrs. Loshinee Peiris, Director General of Health Services, Dr. Asela Gunawardhane, Dr S Sridharan, Deputy Director General(Planning) all Hospital Secretaries/Administrative Officers, Mr. H.M.P.B. Herath, former Senior Advisor of the Sri Lanka Institute for Development Administration, all staff officers and employees in all grades and services who helped in many ways for successful completion of this undertaking.

Further, the Establishments Code of the government, Financial Regulations, all laws, regulations and enactments including the procedural rules and circulars issued to this effect were utilized/referred in the formulation of/compiling this handbook on office system and human resource management. As this undertaking was completed within a short period of time, there might be minor oversights and therefore your proposals and views on the same are much appreciated.

**Sirimal Lokugamage**

Deputy Director General (Admin)I

## **We extend our sincere thanks to.....**

- The former Secretary to the Ministry of Health, Mrs. B.G.S. Gunathilake, who extended her unstinted support and directives to make this endure a success and the present Secretary to the Ministry of Health, Dr. S.H. Munasinghe for his leadership and directives under the guidance of the Hon. Minister, Dr. Keheliya Rambukwella in making this a success.
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- To all the Hospital Secretaries / Administrative Officers who dedicated in providing the necessary information in preparing this guideline, especially Mr. S. M.A.R. Thushara Bandara, the Administrative Officer of the Castle Street Women's Administrative Officer, Mr. P. G. Wijesinghe, Lady Ridgeway Children 's Hospital; Mrs. G. D. K. Alahakoon, Hospital Secretary, Kandy Teaching Hospital. Mrs. Mihiri Perera, Administrative Officer, Ministry of Indigenous Medicine and Mr. Jayantha Dharmasiri, Hospital Secretary, De Zoysa Women's Hospital and Mrs. Deepika Abayawickrama, Administrative Officer of the Planning Division.
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**Note (n.b.)**

This handbook for Public Officers has been compiled with the objective of facilitating and expediting the work of the Public Officers. Please note that the content herein shall not surpass the instructions given in the Circulars, Acts, Enactments and directives and shall also be subjected to the amendments made thereto from time to time.

### **Dedication**

This “Human Resource Management Guidelines”  
is humbly dedicated to;  
the Heroes of Health Sector who takes an immense  
effort to heal the hearts of millions of patients;  
the Office Staffs and Health Staffs  
who join hand with those Heroes in making their great  
endeavour a success  
and to all who refer this guide line.

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## **Guidelines and Protocols for the Public Officers**

All public officers shall hold their posts on public trust and shall diligently discharge the duties and responsibilities of the post for the benefit of the country and its people.

Accordingly, all the Public Officers shall be aware that:

1. Every Public Officer is required to be subject to the Government policies, Procedural Rules of the Public Service Commission and its orders, Establishments Code, Financial Regulations, Procurement Guidelines, other Government Regulations, Circular instructions and amendments made thereto from time to time.
2. A Public Officer is bound to serve in any part of the country.
3. Every Public Officer shall be certified by a medical examination that he is physically fit and mentally sound to serve in any part of the country.
4. Every Public Officer shall acquire proficiency in Sinhala, Tamil and English languages in such a manner as stipulated by the government policies.
5. Every Public Officer shall make and subscribe the affirmation or take and subscribe the oath in terms of the Schedules IV and VII of the Constitution.
6. Public Officers those who should make a security deposit as per the Public Officers' Security Ordinance shall make security deposits.
7. Every officer who is appointed to a permanent and pensionable post in the public service shall contribute to the Widows' & Orphans' Pension scheme or to the Widowers' & Orphans' Pension Scheme as the case may be.
8. If it is duly established that the information or documents submitted to the Appointing Authority by a person appointed to a post in the public service are erroneous or false, the Appointing Authority can revoke the appointment of that officer
9. Every Public Officer shall be fully loyal to the Government.
10. Every Public Officer shall discharge any duty assigned to him in efficient and diligent manner.
11. The Officer shall duly understand the relevant duty instructions and adhere to them.
12. The Public Officer shall maintain the good name and dignity of his post and service.
13. A Public Officer shall act in such a manner as not to develop any conflict between his personal commitments and official duties.
14. A Public Officer shall discharge his duties on any day or at any time whenever his service is required for the government even outside of his duty hours.

15. If a Public Officer is absent from duty on a working day due to an urgent matter, his absence shall be informed to the Head of the Institution within 24 hours and unless he informed, it shall be deemed to have vacated his post.
16. Leave is a privilege, and not a right. The leave approved is subject to the exigencies of service and may be curtailed or cancelled at any time by the authority granting the leave.
17. Normally, an application for leave within the country shall reach the authority granting leave, at least seven days before the date from which the leave is commenced and an application for leave out of the country shall be made not less than three months before the date from which the leave is to commence.
18. Public Officers shall not influence for promotions.
19. Public Officers shall not exchange duties for undue benefits.
20. Public Officers shall be polite to the public.
21. The written and oral language style of the Public Officers shall be polite.
22. A Public Officer shall not collect money from a subordinate officer.
23. Public Officers or public properties shall not be used for personal matters.
24. Public Officers shall not sell goods and equipment belonging to the government.
25. A Public Officer shall not be intoxicated or use poisonous drugs while on duty or absent from duty in his office premises or any other office premises.
26. A Public Officer or members of his family shall not accept gifts for his duty.
27. A Public Officer shall not fall into severe financial distress for any reason.
28. A Public Officer shall not use state funds for personal purposes.
29. A Public Officer shall not publish information in the mass media or newspapers in such a manner as to cause embarrassment to the government.
30. A Public Officer shall not publish articles or make oral statements about administrative matters without approval.
31. A Public Officers who have been deprived of their political rights shall not engage in political activities and those who are authorized to enjoy political rights shall enjoy those political rights subject to the relevant provisions.
32. Attendance of Public Officers at the office shall be from 08.30 am to 04.15 pm on all working days and the government offices should be kept open for cash transactions until 03.00 pm on all working days.
33. Every office shall maintain a register of attendance and every officer shall mark 'in' and 'out' along with his signature therein.

34. A government office shall not be closed on any day other than a public holiday except with the permission of the Secretary.
35. The publication in the Government Gazette is an adequate notice to any Government Department or an officer of the Government on such matters and that it is the responsibility of a public officer to act accordingly.
36. The public shall not be allowed to enter the office to support or to receive donations or to collect money from the staff at an election.
37. Only the Audit officers shall write in green ink or green pencil in official documents but none of the other officers shall use that.
38. A Public Officer should make a statement in Form 176 before January 15 of each year.
39. Other than through the customary forms a Public Officer shall not obtain information about a person's race.
40. A public officer should make a request or an appeal through the Head of the Department of the applicant or other relevant authorities.
41. In the event of resignation of a Public Officer, he may resign from his post by producing one month notice to the Appointing Authority through the Head of the Department or by paying one month's salary in lieu thereof. However, if the officer stops reporting to duty in the event of the refusal of the Appointing Authority to accept the resignation of the officer, it shall be deemed to have vacated his post from the date he thus stopped reporting to duty.
42. A Public Officer newly appointed to a permanent post in the Public Service shall be subjected to a probationary period of 03 years by the Appointing Authority, during which time he shall ensure that he is a person fit for the Public Service by maintaining his attendance, conduct and work at the optimum level.
43. Officers who are entitled to uniforms should be in proper uniforms during office hours and other staff should be dressed in appropriate attire as to maintain the professional dignity.
44. It is a serious offence for public officials to bribe or take bribes.
45. Every Public Officer shall not commit any act of misconduct stipulated under First and Second Schedules of Volume I of the Establishments Code.
46. Any public officer could leave the office during office hours only for an official purpose and the permission of a staff officer should be obtained for that purpose.
47. A staff officer should submit the Annual Statement of Assets and Liabilities before 01st July and the other Officers should give the Statement of Assets and Liabilities as



applicable at the time of the first appointment and change of assets should be notified subsequently.

48. Also, a conducive environment should be maintained in every government institution to maintain a high standard of office work.
49. It should be ensured that the service is provided without delay when fulfilling the needs of the people.
50. Every public institution should ensure the public right to access services properly. (E.g. through employee charters)

In addition, all the Public Officers shall take an oath on 1<sup>st</sup> of January each year as follows, affirming that the officer himself discharges his services; efficiently, diligently and promptly.

"I am a servant of the General Public. I am committed to provide a great service to the people as I am paid by them. Moreover, I affirm to grant my fullest contribution to forge my country ahead towards prosperity and for the betterment of the lives of my fellow citizens.

Eight fold Rules to fulfill this oath

- I. I undertake the duties what needs to be done today, today itself. I will not postpone them to tomorrow.
- II. I look forward to welcome the Public friendly and promptly fulfill their needs.
- III. I commit to complying with existing laws, rules and regulations in the public service.
- IV. I refrain from misusing public office or public resources in an improper manner or for personal gain.
- V. I do only the right in terms of the government policies as per my conscience.
- VI. I perform my duties in a impartial manner irrespective of the status of the persons.
- VII. I work with cooperate manner with all my colleagues in order to perform the public service efficiently

### **Sources**

- i. Establishments Code Volume I
- ii. Establishments Code Volume II
- iii. Procedural Rules of the Public Service Commission
- iv. Circulars of the Ministry of Public Administration
- v. Other Rules, Regulations and Provisions

**(01)**

## **Documents that should be provided by a new appointee when reporting to duty and updated maintenance of a Personal File**

### **Objective**

Prompt granting of all the entitlements to officer through updated maintenance of services and bio data of the officer from his date of appointment to the retirement.

### **Qualifications and to be fulfilled and applicability**

1. Should have received a formal appointment in terms of the Service Minute/ Scheme of Recruitment.
2. Should have given concurrence to take up the appointment

#### **1.1 Document to be obtained by the Head of the Department from a newly appointed officer when he assumes duties**

(The subject officer should receive from the newly appointed officer)

01. National Identity Card and a certified copy thereof (the original should be returned to the officer after checking )
02. Original of the Birth Certificate
03. Original documents and a set of copies of the educational certificates which certify the basic qualifications relevant to the post and certificates to prove other educational and vocational qualifications.
04. Marriage certificate and Birth Certificate of the spouse, if married, and Birth Certificates of the children, if any
05. Service Agreement as per form General 160
06. The affirmation / the oath as per form General 278
07. Declaration of Assets as per form General 261
08. Declaration under Article 157 A and Article 161 (d) (iii) of the Constitution of the Democratic Socialist Republic of Sri Lanka
09. Declaration of Assets and Liabilities as required
10. Declaration on Marital status (as per form General 176 )
11. Addresses of permanent and temporary residences, telephone numbers and e-mail addresses (as per form General 176 )
12. Form Health 372 ( Should be developed and amended ) the letter containing the list of the documents the new appointee should be submitted

**1.2 Checklist on the document to be obtained by the Head of the Department from a newly appointed officer when he assumes duties**

Serial No.	Document	Received	Not received
01	Copy of the Appointment Letter		
02	Confirmation of the identity		
03	Letter/ Copy as per Chapter – 03 of Procedural Rules of the PSC		
04	Letter as per Chapter – 04 of Procedural Rules of the PSC		
05	Certified clear copy of the clear National Identity Card		
06	Original of the Birth Certificate		
07	Certified copies of the educational/ other certificates		
08	Original of the Marriage Certificate		
09	Original of the Birth Certificate of the spouse		
10	Certified copies of the Birth Certificates of the children		
11	Service Agreement as per form General 160		
12	Affirmation/ Oath as per form General 278		
13	Declaration of Assets as per form General 261		
14	Declaration under Article 157 A and Article 161 (d) (iii) of the Constitution		
15	Declaration of Assets and liabilities required		
16	Form General 176		
17	Form Health 372		
18	Forms General 169/ Health 169 – Medical Report		
Prepared by		Checked by	
Signature: ..... Name: ..... Designation: .....		Signature: ..... Name: ..... Designation: Chief Public Health Management Assistant	

I certify that the particulars produced above are correct.

.....

Hospital Secretary / Administrative Offices (Official stamp with name of the officer)

Date: .....

### **1.3 Informing of the Documents that should be submitted by a newly appointed officer - Format of the Letter**

My No.:

Ministry of Health.

Date :

Name of the Officer: .....

National Identity Card No.: .....

Appointment Letter Number: .....

#### **Documents and Reports that should be handed over to the Institution by a newly appointed officer after taking up the appointment**

You are kindly informed that the documents mentioned below should be handed over on or before the date mentioned in the letter of appointment and it is your responsibility. If you are failed to submit the relevant documents and reports on the due date, you will be subject to terminate your appointment or suspend your salaries or delay in taking future action pertaining to your personal file.

1. Letter of Appointment
2. National Identity Card and photo copy
3. Birth Certificate (Certified by the Additional District Registrar)
4. Marriage Certificate (Certified by the Additional District Registrar)
5. Birth Certificate of the spouse (Certified by the Additional District Registrar)
6. Birth Certificates of the children (Certified by the Additional District Registrar)
7. Educational certificates and photo copies
8. Other certificates and photo copies

In addition to the documents above, you should duly fill and hand over the following documents obtained from the institution.

9. Letter granting concurrence to accept the appointment and a copy (as per Appendix – 03 of the Procedural Rules of PSC )
10. Letter confirming the reporting for duty (as per Appendix –04 of Procedural Rules of the PSC )
11. Service Agreement as per Form General 160
12. The Affirmation / Oath as per Form General 278
13. Declaration under Article 157 A and Article 161 (d) (iii) of the Constitution
14. Declaration of assets as per Form General 261
15. Declaration of Assets and Liabilities as required
16. Form General 176
17. Form Health 372
18. Forms General 169/ Health 169
19. An affidavit in case of changes in name

.....

Director of the Hospital/ Hospital Secretary  
Ministry of Health

#### **1.4 Documents that should be contained in a personal file**

- i. Office copy of the Appointment Letter
- ii. Letter granting concurrence to accept the appointment (as per Appendix – 03 of the Procedural Rules of PSC )
- iii. Letter confirming the taking over of duty (as per Appendix – 04 of Procedural Rules of the PSC)
- iv. History Sheet (General 53 “a”/226 – “a”/ General 234)
- v. Service Agreement form General 160
- vi. The affirmation General 278 (Oath under 6<sup>th</sup> amendment of the Constitution)
- vii. Declaration of Assets and Liabilities Form General 261 (Only for the relevant officers )
- viii. Birth Certificate
- ix. Educational Certificates
- x. A certified copy of the National Identity Card (Details of the changes in names, if any)
- xi. Medical Report (Forms General 169/ Health 169)
- xii. Loan Card
- xiii. Letter of confirmation in the appointment
- xiv. Declaration on Marital Status (Form General 176 )
- xv. Marriage Certificate/ family particulars/ private address/ Birth Certificates of the children, (Changes in family particulars eg. Births, death etc. should be reported)
- xvi. Reports on commendation /censure/ punishments
- xvii. Annual leave report
- xviii. Details on the efficiency bars and proficiency examinations which are compulsory
- xix. Details on passing optional exams and trainings
- xx. Reports on promotions
- xxi. Reports on salary increments/ salary conversions
- xxii. Local/ foreign, with/ without pay
- xxiii. Performance Appraisals
- xxiv. Agreements and bond reports
- xxv. Details on security deposit, where applicable
- xxvi. Reports on release from Public service to outside posts and projects
- xxvii. Reports on retirement
- xxviii. Pension no./ membership no./ Leaving certificate

#### **1.5 Formalization of Personal files**

The personal file bearing no. .... of Mr./Mrs./Miss..... was properly arranged by replacing a new cover to it and the unnecessary documents containing therein were removed and most essential documents that were not in the file were filed on this day .....

Accordingly, I hereby certify that the file which contained pages up to..... was correctly renumbered till .....

Documents removed from the file:-

Serial No.	Page no.	Document no. and date	Particulars containing in the document

**Documents added to the file:-**

Serial No.	Page No.	Particulars containing in the document

Prepared by : .....

Checked by : .....

Name: .....

Name: .....

Designation: .....

Designation: Chief P.H.M. Assistant

Approved.

Date : .....

.....

Hospital Secretary / Administrative Officer

(Official Frank with name)

1.6 The Form below should be used when including essential documents which were not in the personal file and removing unnecessary documents from it. Then this document should be pasted in the inner side of the cover of the personal file (Checklist)

Name of the Officer :- .....

Designation :- .....

Personal File No. :- .....

<u>Serial No.</u>	<u>Description</u>	<u>Page No.</u>
1.	Letter of Appointment	
2.	Letter of assuming duties	
3.	If there is a casual service period, letters pertaining to such period	
4.	Service Agreement/ Deposits/ Bonds	
5.	Affirmation or Oath (General 278)	
6.	Agreement (General 160)	
7.	Declaration under Article 157 A and Article 161 (d)(iii)	
8.	Medical Report (General 169/Health 169)	
9.	Declaration of Assets (General 261)	
10.	History Sheet (General 226/General 234/General 53 a)	
11.	Birth Certificate	
12.	Copy of the National Identity Card	

13. Copies of the Educational certificates
14. Certificates on local and foreign training
15. Certificates on vocational training certificates, if any
16. Foreign tours
17. Contributions to Widows/ Widowers and Orphans Pensions Scheme
18. Widows/ Widowers and Orphans Pensions Number
19. Stoppage and deferment of salary increments (if any)
20. Probation reports (Appendix 05)
21. If the period of probation is extended, the relevant documents
22. Letter of confirmation in the appointment
23. Passing over the Efficiency Bar examinations
24. Acquiring Official Language proficiency and Link language allowances
25. Absorption letters
26. Release to the Provincial service
27. Release from the Provincial service
28. Letters pertaining to secondment
29. Loan Card
30. Letters on Commendations and Censures
31. Letters pertaining to promotions
32. Letters pertaining to salary revisions
33. Letters pertaining to transfers
34. Disciplinary orders and letters pertaining to implementation of disciplinary orders/decision on appeals made against disciplinary orders
35. Letters on extension of service
36. Orders on vacation of post and reinstatement in service
37. Leave
  - i. Reports on annual leave
  - ii. Letters on half pay leave and no-pay leave
  - iii. Study leave
  - iv. Leave in abroad
  - v. Accident leave
  - vi. Maternity/ Idda leave
  - vii. Compulsory leave
38. Letter on Termination of service
  - i. Due to inefficiency
  - ii. On recommendations of a medical board
  - iii. Due to death
  - iv. Due to optional or compulsory retirement
  - v. Under Section 12 of the Minutes on Pensions
  - vi. After a disciplinary inquiry
  - vii. The letter if the post was abolished
  - viii. Period of service
  - ix. Annual salary
39. Completion of the particulars on Widowers/ Widows Pensions
  - i. Original of the Marriage Certificate
  - ii. Documents in proof if the previous marriage is cancelled
  - iii. A copy of decree of divorce, if divorced
  - iv. If married again, copy of that marriage certificate
  - v. Original of the spouse's birth certificate
  - vi. Certified copy of the spouse's National Identity Card

- vii. If the spouse is employed, details of the employment
- viii. Copies of the birth certificates of the children
- ix. Death certificate, if the spouse/ children has/have passed away
- x. A medical report, if there are any disabled children - Medical report and certificate issued from a Government hospital in proof that the disability was caused before the child is 26 years of age

#### 1.7 Alteration of the name used by a Public Officers in official duties

In case a Public Officer uses his name for official duties in a different manner other than that it appears in the Birth Registration entry, for that purpose, the particular officer should follow below steps

- I. Get altered the name in column 13 of the Birth Certificate in terms of the Registration of Documents Act.
- II. Include the duly completed form of with approval of Head of the Department Treasury Circular 394 into the personal file.



(02)

## **Updated maintenance of the History Sheets**

### **Objective**

Confirmation of service particulars correctly from the date of appointment to the date of retirement of an officer.

### **Qualifications and applicability**

1. Obtain a formal appointment to the Public Service (Service Minute/ Scheme of Recruitment)
2. Should have taken up the appointment

### **Necessary Documents and Reports**

1. History Sheet  
For an officer who has been appointed to a pensionable post – Form 53 ‘a’  
For the officers drawing a monthly salary - Form General 234  
For the officers drawing days’ pay - Form 226 ‘a’

#### **1.1 Update a History Sheet**

The subject officer after updating the History Sheet by including the following particulars should submit it to Hospital Secretary / Administrative Officer.

- Full name of the officer
- Nationality and Ethnicity
- Date of Birth
- The manner it was verified
- Permanent address
- Date of appointment and Designation
- W&OP number
- Signature of the Staff Officer
- Place of Education
- Educational Qualifications

#### **Particulars to be noted for the updated maintenance of a History Sheet**

1. Should take the signature affirming that the officer has not served in a government or semi government institution earlier.
2. Should get the duly certified History Sheet containing details, through the Head of the previous institution if the officer has served in the public service earlier. Should show that History Sheet to the respective officer and get his signature to the effect that the particulars therein are correct.
3. Should mention the date of assuming duties as per the Letter of First Appointment (Number and date of that appointment letter) and the salary step relevant to that date and it should be initialed by the Hospital Secretary/ Administrative Officer.
4. Payment of salary increments.
5. Passing of the Efficiency Bar Examinations.
6. Should mark the “deferment of increments” in red ink.

7. Stoppage/ reduction / suspension of increments.
8. Salary revisions.
9. Transfers (Should sign and place the official seal of the Hospital Secretary/ Administrative Officer) (When transferred from one department to the other, the former department should retain a copy of his History Sheet and forward the original to the new department under confidential cover by post.)
10. Promotions
11. Appointments/ transfers/vacation of post/ resignations/ interdictions
12. Re-instatement in service
13. Change of the post
14. Applying for the examinations, which have limited number of sittings.
15. Fulfilling the requirement of language proficiencies and paying language allowances.
16. Commendations and Censures (In terms of the Section 2.9.3 of Chapter VI of the Establishments code, the particulars on the commendations and censures should be entered on Form General 230 (B) and in the History Sheet and the copies should be filed in the personal file.)
17. Half-pay and no-pay leave should be entered in the right side under 'other remarks'
18. Study leave or no-pay foreign leave
19. Disciplinary orders
20. Retirement
21. Death

## 1.2 Checklist on the Particulars that should be noted contained in a History Sheet

Serial No.	Description	Available	Not available
01	Full name of the officer		
02	Date of Birth and how it was verified		
03	Nationality and Ethnicity		
04	How the nationality and ethnicity was verified		
05	Signature of the staff officer		
06	Place of education		
07	Permanent address		
08	Date of appointment and Designation		
09	Educational qualifications		
10	Signature of the Administrative Officer/ Hospital Secretary		
11	Whether served in a government/ semi government institution		
12	Signature, if not served in a government/ semi government institution		

13	Date of assuming duty, number of the appointment letter, salary scale and step		
Prepared by			Checked by
Signature : .....			Signature : .....
Name : .....			Name : .....
Designation : .....			Designation : .....

.....  
Hospital Secretary/ Administrative Officer  
(Official frank with name)

Date : .....

- Relevant page number of the personal file should be marked in front of all entries.
- In case any adverse comment is made in a history sheet of an officer, it should be communicated to him.
- The entry on the history sheet should be initialed by a staff officer.

## Sources

- I. Procedural Rules (Volume I) of the Public Service Commission published in the Gazette Extraordinary No. 1589/30 dated 20.02.2009 and amendments made thereto.
- II. Chapter VI of the Establishments Code
- III. Public Administration Circulars 16/95, 14/2005, 7/2018
- IV. Minutes on Pensions, Pensions Circulars No. 2/95 and 3/2015

**(03)**

## **Confirmation in service of the staff**

### **Objective**

Ensure the job security of the officer

### **Qualifications to be fulfilled and applicability**

1. In case the three year or one year period of probation or acting has been extended, the officer should have completed such extended period.
2. Performance, attendance and conduct of the officer should be at a satisfactory level.
3. Should have confirmed the eligibility of the officer through General 169/ Health 169.
4. Should have passed the efficiency bar examinations, if there are any, before confirmation in service.
5. Ensure that no disciplinary action has been initiated against the officer concerned.

### **Documents and Reports required**

1. Covering letter
2. Certified copy of the appointment letter
3. In case the name is changed in the appointment letter
4. Letter of assuming duties (Appendices 03 and 04 of the Procedural Rules of the PSC)
5. Confirmation of the previous services, if any
6. Appointment letter of the previous service
7. Agreement – General 160
8. Affirmation/Oath – General 278
9. Declaration on Assets and Liabilities – General 261
10. Medical Report – General 169/ Health 169
11. Declaration under Article 157 A and Article 161 (d) (iii) of the Constitution
12. Copies of Agreement and bond for a compulsory service period, if any
13. Certified copy of the history sheet
14. Certified copy of the results of the efficiency bar examination
15. Certified copy of the birth certificate
16. Originals of the educational certificates attested by the Department of Examinations/ University
17. Certified photocopy of the National Identity Card (In case of changes in names, details of the same/ affidavits)
18. Review reports as per Appendix 5 of the Procedural Rules of the PSC
19. Final Report with the recommendation of the Head of the Department

### Checklist on the documents required for Confirmation in service

Serial No.	Description	Available	Not available
01	Certified copy of the appointment letter		
02	Confirmation in the previous services, if any		
03	Concurrence to assume duties and letter of assuming duties (Appendices 03 and 04 of the Procedural Rules of the PSC)		
04	Review reports as per Appendix 5 of the Procedural Rules of the PSC		
05	Agreement – General 160		
06	Affirmation/Oath – General 278		
07	Declaration on Assets and Liabilities – General 261		
08	Medical Report – General 169/ Health 169		
09	Certified copy of the history sheet		
10	Certified copy of the results of the efficiency bar examinations		
11	Special requirements mentioned in the appointment letter		
12	Disciplinary action		
13	Certified copy of the birth certificate		
14	Originals of the educational certificates attested by the Department of Examinations/ University		
15	Certified photocopy of the National Identity Card		
16	In case of changes in names, details of the same/ affidavits		
17	Bonds/ agreements		
18	Payment of increments during the relevant period		
19	No-pay/ half- pay leave during the relevant period		
20	Recommendation of the Head of the Department		
Prepared by		Checked by	
Signature : .....		Signature : .....	
Name : .....		Name : .....	
Designation : .....		Designation : Chief Health Public Management Assistant	

.....

Hospital Secretary/ Administrative Officer

Date :

(Official frank with name)

**The covering letter that should be submitted for the confirmation in service:-**

Secretary,  
Ministry of Health,

Confirmation in Appointment

..... (Designation) - ..... (Name)

The confirmation in the appointment of the above named officer, serving in this hospital/ institution, who completed the probation period is recommended and sent herewith along with the required documents mentioned below.

01. Certified copy of the appointment letter
02. Certified copies of the letter giving concurrence to assume duties and the letter of assuming duties (Appendices 03 and 04 of the Procedural Rules of the PSC)
03. Three Review reports as per Appendix 5 of the Procedural Rules of the PSC (Originals)
04. Certified copies of the letter of confirmation in the previous services, if any
05. Certified copies of the Agreement – General 160
06. Certified copies of the Affirmation/Oath – General 278
07. Certified copies of the Declaration on Assets and Liabilities – General 261
08. Certified copies of the Medical Report – General 169/ Health 169
09. Certified copy of the Declaration under Article 157 A and Article 161 (d) (iii) of the Constitution
10. Certified copy of the updated history sheet
11. Certified copy of the results of the efficiency bar examinations
12. Certified copy of the birth certificate
13. Originals of the educational certificates attested by the Department of Examinations/ University/ any other relevant institute
14. Certified copy of the National Identity Card
15. Original of the report on leave obtained by the officer during probationary period
16. Report containing the recommendation of the Head of the Department
17. In case of changes in names, relevant documents/ affidavits

.....

Head of the Department

Copy : ..... (Officer concerned).....

**Report of the Head of the Department – Confirmation in the appointment**

1. Name of the officer :- .....
2. Designation :- .....
3. Service Station :- .....
4. National Identity Card Number :- .....
5. Date of the first appointment :- .....
6. Date of assuming duties :- .....
7. Date on which the appointment to be confirmed: - .....
8. Period under supervision :- .....
9. Recommendation of the immediate supervisory officer
  - i. Work and conduct :- Not satisfactory/Satisfactory/Good/Very good
  - ii. Attendance :- Not satisfactory/Satisfactory/Good/Very good
  - iii. Eligibility and efficiency :- Not satisfactory/Satisfactory/Good/Very good
  - iv. Mental and physical fitness :- Not satisfactory/Satisfactory/Good/Very good

.....

Supervisory officer (Official frank with Name)

Date :- .....

**10) Recommendation of the Hospital Secretary/ Administrative Officer**

- i. Efficiency bar examination :- passed/ not passed/ not applicable
- ii. Second language proficiency :- acquired/ not acquired/released/not applicable
- iii. Special requirements as in the appointment letter :- fulfilled/ not fulfilled/ not applicable
- iv. Disciplinary action :- not available/ will be /will not be initiated
- v. Bonds, agreements :- signed/ not signed/ not applicable
- vi. Increments during the relevant period :- earned/ not earned
- vii. No-pay/half-pay leave during the relevant period :- obtained/ not obtained/ number, if obtained

I recommend/do not recommend the confirmation in appointment/ extension of probationary period with effect from .....

Date : .....

.....

Hospital Secretary/ Administrative Officer

(Official frank with name)

**11.) Recommendation of the Head of the Department**

I recommend/ do not recommend the confirmation in appointment/ extension of probationary period with effect from .....

Date : .....

.....

Head of the Department

(Official frank with name)

(04)

## **Job description that should be issued when assigning duties to a Public Officer**

### **Objective**

Make the Public Officers aware on the service environment in which an officer is expected to perform his duties.

### **Qualifications and applicability**

A Public Officer who has received a permanent appointment

### **Job description**

1. Introduction
  - I. Ministry
  - II. Institution
  - III. Service station
  - IV. Title of the post
  - V. Grade/ Class
  - VI. Salary scale of the post
  - VII. Name of the officer
2. Job summary
3. Major areas of responsibility
4. Main tasks to be performed
5. To whom is the job holder responsible
6. Who are the officers responsible to the job holder
7. Performance standards
8. Other conditions relevant to the job
9. The annual action plan of the coming year should be prepared indicating the time frame of the assigned task and should get approved within the month of December of the previous year
10. Performance indicators
  - I. Accepted office systems adopted
  - II. Prepare Action plan, Administration and Performance reports as at the due dates



- III. Report the progress on prescribed periods as monthly, quarterly, semiannually and annually
- IV. Perform the duties of the subordinate officers formally within the respective timeframe
- V. Number of leave obtained within the year
- VI. Number of reply letters sent within a period of 5 working days
- VII. Security and pleasant environment in the service station
- VIII. Number of tasks completed
- IX. Instances where the provisions in the Establishments Code and Financial regulations were not implemented
- X. Effectiveness shown in supervision of subordinate officers
- XI. Number of procedural guidelines prepared pertaining to responsibilities and functions assigned

11. When you obtain leave, Mr./Mrs./Miss. .... (name) of the..... (post) will cover up your duties. Furthermore, when an instance where Mr./Mrs./Miss. .... (name) of ..... (post) takes leave you should cover his/ her duties.

The responsibilities and duties pertaining to the Mission of the Ministry of Health, as mentioned in the above description will be assigned to you with effect from ..... and you should perform such responsibilities and duties lawfully, honestly, efficiently, diligently and effectively.

.....

Signature of the Head of the Department and Official frank

Date : .....

I certify that I will perform the duties and responsibilities assigned to me by this job description lawfully, honestly, efficiently, diligently and effectively.

Date : ..... .....

Signature of the employee

Source – i. Public Administration Circular 28/98

(05)

## **Registration in the Widows/ Widowers and Orphans Pensions Scheme**

### **Objective**

Ensure the security of the dependents of a permanent and pensionable Public Officer

### **Qualifications to be fulfilled and applicability**

Every officer who is appointed to a permanent and pensionable post in the Public Service shall contribute to the Widows' and Orphans' Pensions Scheme or Widowers' and Orphans' Pensions Scheme, as the case may be, in terms of Section 46 in Chapter VI of the Procedural Rules of the Public Service Commission and the certificate obtained through online registration should be filed in the personal file of the officer.

### **Required documents and reports**

- I. Certified copy of the letter of appointment of the pensionable post
- II. Original of the birth certificate
- III. Certified copy of the National Identity Card
- IV. Original of the marriage certificate
- V. Documents to prove the termination of previous marriages, if any
- VI. Absolute order issued by the court, if the officer has been divorced
- VII. Original of the birth certificate of the spouse
- VIII. Documents to prove the changes in the names of the spouse, if any
- IX. Certified copy of the National Identity Card of the spouse
- X. Original of the certificate of death, if the spouse has demised
- XI. Originals of the birth certificates of the children
- XII. A medical report, if there is any disabled child (The medical report issued by a government hospital to prove that the disability occurred before the age of 26 years)

(Certificates of birth, marriage and death of which the originals are requested shall be certified by the Additional District Registrar)

### **Checklist**

Serial No.	Description	Available	Not available
01	Certified copy of the letter of appointment of the pensionable post		
02	Original of the birth certificate		
03	Certified copy of the National Identity Card		
04	Original of the marriage certificate		
05	Documents to prove the termination of previous marriages, if any		
06	Absolute order issued by the court, if the officer has been divorced		
07	Original of the Birth Certificate of the spouse		
08	Documents to prove the changes in the names of the spouse, if any		
09	Certified copy of the National Identity Card of the spouse		
10	Copy of the certificate of death, if the spouse has demised		
11	Originals of the birth certificates of the children		
12	A medical report, if there is any disabled child (The medical report issued by a government hospital to prove that the disability occurred before the age of 26 years)		

### **Sources**

- I. Minutes on Pensions
- II. Procedural Rules of the Public Service Commission
- III. Circular 121 (14.06.1978), 7/2018 (24.05.2018) of the Ministry of Public Administration
- IV. Pensions Circulars No. 3/2015 (24.04.2015)

(06)

## **Submission of an appeal to the Public Service Commission against an appointment**

### **Objective**

Procuring justice with regard to the appeal of the officer

### **Qualifications and applicability**

- I. A Public Officer aggrieved by the appointment should have submitted an appeal against such order within the time stipulated in Chapter XX of the Procedural Rules.
- II. Should have fulfilled the terms and conditions with regard to the appointment

### **Documents to be submitted to the Public Service Commission regarding an appeal**

1. Covering letter with the recommendation of the Head of the Department
2. Appeal
3. Application as per Appendix 23 of the Procedural Rules
4. Copies of the appointment letters pertaining to the appointment
5. Copies of the first appointment letter
6. True photo copy of the National Identity Card
7. Documents to prove the particulars mentioned in the appeal

### **Checklist**

Serial No.	Description	Available	Not available
01	Covering letter with the recommendation of the Head of the Department		
02	Appeal		
03	Application as per Appendix 23 of the Procedural Rules		
04	Copies of the appointment letters pertaining to the appointment		
05	Copies of the first appointment letter		
06	True photo copy of the National Identity Card		
07	Documents to prove the particulars mentioned in the appeal		
08	Whether the appeal has been submitted within the due time frame stipulated under Chapter XX of the Procedural Rule or not		

## Appeal made against Appointments/ Promotions/ Transfers

(Appendix 23 of the Procedural Rules of the Public Service Commission)

### 01. Particulars of the Appellant

- 1.1 Full Name :.....
- 1.2 Service..... Class.....Grade.....
- 1.3 Post : .....
- 1.4 Service station Present : .....
- 1.5 Department / Institution ..... :
- 1.6 Ministry ..... :

### 02. decision / order on which the appeal was based of the Details

- 2.1 Describe the decision / order briefly :  
.....
- 2.2 By whom the decision / order was made  
.....
- 2.3 The date on which the officer / received the decision  
.....
- 2.4 Certified copies of letters containing the decision / order have been attached as  
.shown below Annexes  
Annex (1) .....  
Annex (1) .....  
2.5 .....: nt particularsOther releva

### 03. agaist the decision/ order for the submission of an appeal Reasons

- 3.1 .....
- 3.2 .....
- 3.3 submissions to Certified copies of written support the above reasons have been  
.shown below attached as Annexes  
Annex (1) .....  
Annex (2) .....  
Annex (3) .....

### 04. Relief sought the by Appellant

.....  
.....

Signature ..... :  
Name ..... :  
Designation ..... :  
Date : .....

Copy –

01. Secretary, Public Service Commission – (Advance copy of this forwarded to you for necessary action please)

- i. Sections from 230 to 239 of Chapter XX of the Procedural Rules of the Public Service Commission
- ii. Sections from 44 to 56 of Chapter VI of the Procedural Rules of the Public Service Commission

(07)

**Documents to be submitted to the Board of Interview  
when giving appointments/promotions on limited/ merit basis in terms of  
the Service Minutes or Scheme of Recruitment**

**Objective**

Selection of suitable officers for the relevant post

**Qualifications and Applicability**

An officer who has fulfilled the qualifications required for the relevant post in terms of the Scheme of Recruitment/ Service Minute should have applied.

**Documents to be submitted to the Board of Interview**

1. Service Minute/ Scheme of Recruitment
2. Notice calling for applications
3. Interview Schedule containing qualifications summary
4. Number of interviewees
5. Marking scheme approved by the Appointing Authority in case of a structured interview

**In addition, the following particulars regarding the officer which are provided by the relevant head of the department**

1. Letter of the first appointment (Permanent)
2. Letter of confirmation in appointment
3. Educational qualifications (Certified by the Department of Examinations)
4. Letters confirming vocational and other qualifications
5. Service Report (Should be submitted as per the format below)
6. Copy of the History Sheet
7. Copies of the disciplinary orders, if any (Pertaining to the period under review)
8. Report on leave (half-pay or no-pay)
9. Result sheet of the efficiency bar examinations
10. Performance appraisals and documents to show the earning of increments
11. Commendations and Censures

**Checklist**

Serial No.	Document	Available	Not available
01	Service Minute/ Scheme of Recruitment		
02	Notice calling for applications		
03	Interview Schedule containing qualifications summary		
04	Number of interviewees		
05	Marking scheme approved by the Appointing Authority in case of a structured interview		
06	Letter of the first appointment (Permanent)		

07	Letter of confirmation in appointment		
08	Educational qualifications (Certified by the Department of Examinations)		
09	Letters confirming vocational and other qualifications		
10	Service Report (Should be submitted as per the format below)		
11	Copy of the History Sheet		
12	Copies of the disciplinary order, if available (Pertaining to the period under review)		
13	Report on leave (half-pay or no-pay)		
14	Result sheet of the efficiency bar examinations		
15	Performance appraisals and documents to show the earning of increments		
16	Commendations and Censures		
Prepared by		Checked by	
Signature: ..... Name: ..... Designation: .....		Signature: ..... Name: ..... Designation: Chief P.H M.A.	

.....

Hospital Secretary/ Administrative Officer

(Official frank with name)

Date : .....

**Service Report applicable in making appointments/promotions on limited and merit basis**

01. Basic particulars

- i. Officer's Name with initials :- .....
- ii. Date of birth :- .....
- iii. National Identity Card No. :- .....
- iv. Date of the first appointment :- .....
- v. Date of confirmation in that post :- .....
- vi. Present post and date of appointment to that post :- .....
- vii. Date of confirmation in the present post :- .....

02. Whether a disciplinary punishment has been received (other than warning) during the period from ..... to .....? Yes/No

03. Whether all the increments have been earned during the period from ..... to .....? Yes// No



04. Report on the leave obtained by the officer during the entire period of service –

Particulars on the leave obtained by the officer from the date of first appointment to the date ..... annually (To be considered when giving marks)	Casual	Sick/ Vacation	Half-pay	No-pay	Other
..... .....	..... .....	..... .....	..... .....	..... .....	..... .....
When assessing the eligibility of the officer for the post, following details will be considered	Casual	Sick Vacation	Half-pay	No-pay	Other
From ..... To .....	..... .....	..... .....	..... .....	..... .....	..... .....

I certify that the particulars given above are correct according to the personal file of the officer.

Prepared by (Subject officer)

Checked by (Chief Management Assistant)

Signature: .....

Signature: .....

Name: .....

Name: .....

Designation: .....

Designation: .....

I certify that the particulars given above are correct according to the personal file of the officer.

.....

Date : .....

Hospital Secretary/ Administrative Officer

.....

Head of the Department (Official frank with name)

Sources

- I. Service Minute/ Scheme of Recruitment
- II. Procedural Rules of the Public Service Commission
- III. Establishment Code

(08)

## **Applying for Grade Promotions**

### **Objective**

Offer the grade promotions relevant to the posts in a formal and regular manner

### **Qualifications to be fulfilled and applicability**

1. Completion of a satisfactory service
  - I. Pass the prescribed efficiency bar examination
  - II. Fulfill the qualifications required for the confirmation in appointment.
  - III. Earn all the increments that have to be earned by the respective officer
2. Fulfilment of the qualifications prescribed by the relevant Scheme of Recruitment
3. Earn the own promotions (fulfill above qualifications)  
(Refer the Chapter xvii of the Procedural Rules of the Public Service Commission for further details)
4. When an officer is deceased, he will be awarded with the next promotion as per P.A. circular 22/93(VI)

Documents to be submitted along with the application for the promotion from Grade ..... to Grade ..... in the post of ..... of the Ministry of Health

- I. Covering letter
- II. Certified copy of the National Identity Card
- III. Certified copies of the letters pertaining to the training (if applicable)
- IV. Certified copy of the formal appointment letter (for the promotions in Grade ii)
- V. Certified copy of the letter of assuming duties (for the promotions in Grade ii)
- VI. If the required second language proficiency is acquired, certified copy of that letter (for the promotions in Grade ii)
- VII. If the efficiency bar examination is passed, certified copy of that letter
- VIII. If any concession is received to pass the efficiency bar examination, certified copy of that letter
- IX. Certified copy of the letter of confirmation in appointment (for the promotions in Grade ii)
- X. Copies of the performance reports for the active service period of..... years in the present post

- XI. Copy of Form General 232 to confirm that the increments for previous ..... years have been earned
- XII. Reasons for not earning increments for previous ..... years
- XIII. Certified copies of the letters, if disciplinary action taken against or punishments imposed on the officer

Prepared by

Name: .....

Subject officer

Checked by

Name: .....

Chief Public Health Management Assistant

.....

Hospital Secretary/ Administrative Officer

**Application for the promotion from Grade ..... to Grade ..... in the post of  
..... of the Ministry of Health**

(Part 01 should be filled by the relevant officer)

01. Full name - .....

02. Name with initials - .....

03. Date of birth - .....

04. National Identity Card number - .....

05. Present service station - .....

06. Educational qualifications relevant to the post - .....

07. Date of enrolment to ..... training - .....

08. Date of appointment to Grade (III/II/I) of the post of ..... - .....

09. Number and date of the letter on acquiring second language proficiency, if acquired -  
.....

10. a. Date on which the efficiency bar examination relevant to Grade III/II/I should be  
passed - .....

b. Date on which the efficiency bar was passed - .....

c. Details, if any concession has been received to pass the efficiency bar examination

11. a. Whether confirmed in the post of ..... – Yes/No

b. Number and date of the letter of confirmation in the appointment –  
.....

c. Particulars, if the necessary documents pertaining to confirmation in the appointment have been sent to the Ministry - .....

12. a. Active period of service of ..... years from ..... To .....

b. Whether the increments of previous ..... years have been earned - .....

c. Reasons, if the increments for previous ..... years have not been earned - .....

13 a. Whether disciplinary action or punishments have been taken or imposed in the present grade ..... - .....

b. Duration of and reasons for disciplinary action/ punishment, if any - .....

14. If no-pay leave, other than maternity leave has been taken, mention the duration - .....

I do hereby declare that the particulars furnish by me from 01 to 14 above are true and accurate to the best of my knowledge and belief.

Date - .....

Signature of the applicant - .....

### **Recommendation of the Immediate Supervisory Officer**

The officer mentioned above is working under my supervision and I recommend/ do not recommend to promote him/ her to the Grade ..... as his/ her performance is very good/ good/ satisfactory/ not satisfactory.

.....

Hospital Secretary/ Administrative Officer

(Official frank with the name)

Date : .....

(Part 02 : To be filled by the subject officer as per the personal file of the officer concerned)

15. Whether no-pay leave, other than maternity leave has been taken - .....

a. If so, the period of leave - .....

16. Whether the information provided by the applicant are correct as per the personal file -  
 .....

If the information is not correct,

- a. Incorrect information No. 1 - .....  
 Reason therefore ..... (Attach documents in proof)
- b. Incorrect information No. 2- .....  
 Reason therefore .....(Attach documents in proof)

17. Particulars on increments and the performance appraisal during the period of .... years immediately preceding the date of promotion ( Mark the level of performance as; Very good/ Good/ Not satisfactory. Attach copies)

Number	Year	Performance level	Increments earned/ not earned	Number	Year	Performance level	Increments earned/ not earned
01				05			
02				06			
03				07			
04				08			

18. If the increments are not earned, mention the reason for that -  
 .....

The particulars provided from No. 01 to 18 above are correct as per the personal file, with amendments/ without amendments.

.....

Signature of the Subject Officer

Date : .....

(Part 03; To be filled by the Administrative Officer/ Hospital Secretary)

I recommend/do not recommend that the above applicant, Mr./Mrs./Miss .....  
 is suitable to be promoted to Grade ..... in the post of ..... with effect from

....., as per the personal file of the officer and the Scheme of Recruitment / Service Minute.

.....

Administrative Officer/ Hospital Secretary

Date - .....

#### Part 04. Recommendation of the Head of the Institution/ Department

All the particulars provided by the above applicant, Mr./Mrs./Miss. .... is correct. He/She has completed ..... years in III/II/I/Supra/Special Grade as at ..... , the date relating to the promotion/ date of promotion and his/ her appointment has been confirmed. I recommend / do not recommend to promote him/her to II/I/Supra/Special Grade in the post of ..... with effect from ..... in terms of the Scheme of Recruitment / Service Minute.

.....

Head of the Institution/ Department

Date - .....

#### Part 05 (Recommendation of the Head of the Decentralized Division)

I certify that the all particulars provided above are correct and I recommend/ do not recommend the promotion of this officer to II/I/Supra/Special Grade with effect from .....

.....

Signature of the Head of the Decentralized  
Division

(Official frank with the name)

Date - .....

## Checklist

Serial No.	Document	Available	Not available
01	Covering letter		
02	Certified copy of the National Identity Card		
03	Certified copies of the letters to confirm the educational qualifications relevant to the post		
04	Certified copies of the letters on training		
05	Certified copy of the appointment letters to Grades III/II/I in the post of .....		
06	A copy of the letter of assuming duties		
07	If the required second language proficiency is acquired, certified copy of that letter		
08	If the efficiency bar examination relevant to Grade III/II/I is passed, certified copy of that letter		
09	If any concession is received to pass the efficiency bar examination, certified copy of that letter		
10	Certified copy of the letter of confirmation in appointment in the post of .....		
11	Copies of the performance report for the active service period of ..... years in the present post		
12	Copies of the History sheet to confirm that increments of ..... years have been earned		
13	Reasons for not earning increments for previous ..... years		
14	Certified copies of the letters, if disciplinary action against or punishment imposed on the officer in the present grade in .... previous years		

Prepared by		Checked by
Signature: .....		Signature: .....
Name: .....		Name: .....
Designation: .....		Designation: Chief P. H.M. Assistant

.....

Hospital Secretary/ Administrative Officer

(Official frank with the name)

Date : .....



(09)

## **Making an appeal by a Public Officer aggrieved in respect of a promotion**

### **Objective**

Provide an opportunity for a qualified officer who has not been promoted

### **Qualifications to be fulfilled**

01. Completion of a satisfactory period of service.
  - Pass the prescribed Efficiency Bars.
  - Complete the qualifications required for confirmation in appointment.
  - Earn all the salary increments that should have been earned.
02. Completion of prescribed qualifications in terms of the Scheme of Recruitment.
03. Earning their promotions (Completion of the qualifications above)  
(Refer the Chapter XVII of the Procedural Rules of the Public Service Commission for further details.)
04. In case of a death of an officer, the next promotion will be made as per the Public Administration Circular No. 22/93 (VI) dated 16.10.2018.

### **Documents to be submitted**

- I. Covering letter
- II. Appeal (In terms of Section 6 of Chapter XXVIII of the Establishments Code and Appendix 23 as per Section 231 of Chapter XX of the Procedural Rules of the Public Service Commission)
- III. A certified copy of the National Identity Card
- IV. A certified copy of the Letter of assuming duties
- V. A certified copy of the Appointment Letter
- VI. A certified copy of the Letter of confirmation in the Appointment
- VII. A copy of the Section in the Scheme of Recruitment/ Service Minute relating to the promotion
- VIII. A copy of the decision or order pertaining to the appeal
- IX. The date on which the officer received the decision/ order pertaining to the promotion
- X. Reasons for taking more than 30 days to make the appeal as per (IX) above, if any
- XI. Certified copies of letters to support the reasons pertaining to the appeal

## XII. Recommendation of the Head of the Department

Prepared by

Name .....

Designation Subject Officer

.....

Hospital Secretary/ Administration Officer

Checked by

Name .....

Chief P. H. M. Assistant

### Checklist

	Description	Available	Not available
1.	Covering letter		
2.	Appeal		
3.	A certified copy of the National Identity Card		
4.	A certified copy of the Appointment letter		
5.	A certified copy of the Letter of assuming duties		
6.	A certified copy of the Letter of confirmation in the appointment		
7.	Copy of the detailed notice related to the promotion		
8.	A copy of the Section in the Scheme of Recruitment/ Service Minute relating to the promotion		
9.	A copy of the decision or order pertaining to the appeal		
10.	Certified copies of letters to support the reasons pertaining to the appeal		
11.	Recommendation of the Head of the Department		
Prepared by		Checked by	
Signature : .....		Signature : .....	
Name : .....		Name : .....	
Designation : .....		Designation : Chief P. H. M. Assistant	

.....

Hospital Secretary / Administrative Officer

Date : .....

(Official frank with the name)

A public officer aggrieved by a promotion should make the appeal within 30 days from receipt of the order relating to the promotion only as per Appendix 23 of the Procedural Rules of the Public Service Commission according to its Section 231 of Chapter XX.

Name with initials .....

Address .....

.....

Date .....

Secretary, Public Service Commission

Through ..... (Secretary of the Ministry)

Through ..... (Head of the Department)

Through ..... (Head of the Institution)

Appeal on the promotion of .....

1. Details on appeal

1.1 Full name .....

1.2 Service ..... Class ..... Grade .....

1.3 Post .....

1.4 Service station .....

1.5 Department .....

1.6 Ministry .....

2. Details on the decision / order related to the appeal

2.1 Describe the decision / order briefly

.....  
.....

2.2 Who made the decision /order?

.....

2.3 The date on which the officer received the decision/ order

.....

2.4 Certified copies of documents on decision/ order are attached herewith as annexes.

Annex No. 1 .....

Annex No. 2 .....

2.5 Other matters .....

3. Reasons for making an appeal against the decision / order

- 3.1 .....  
3.2 .....  
3.3 .....  
3.4 .....  
3.5 .....

3.6 Certified copies of letters to support the reasons are attached herewith.

Annex No. 1 .....

Annex No. 2 .....

Annex No. 3 .....

4. Redress prayed for

.....  
.....  
.....  
.....

Signature .....

Name .....

Date .....

Designation .....

Copy – Secretary, Public Service Commission

- This advance copy is sent to you for necessary action please.

**(10)**

**Temporarily / Permanently releasing a public officer  
from the public service  
(At his own instance or at the instance of the government)**

**Objective**

Provide a confirmed public officer with the opportunity to serve in an institution outside the public service

**Qualifications to be fulfilled and Applicability**

Fulfill the provisions in Section 144 of Chapter XII of the Procedural Rules

**Required documents and reports**

- I. Copy of the National Identity Card
- II. Letter of confirmation in service issued to the officer
- III. If the officer has been released in earlier instances, the letters to support that duration
- IV. Letters to prove that the officer has passed the prescribed Efficiency Bars
- V. A certification that the officer has not reached the age of 57 years
- VI. A certification that no disciplinary action against the officer is in progress, or is contemplated against him
- VII. A certification that there are no legal proceedings against the officer relating to any matter connected with the government
- VIII. A certification that the officer has not been specially trained to perform the duties of his present post
- IX. A certification that there is no legal agreement binding the officer for service to the government for a particular duration.
- X. A guarantee that there is no outstanding amount of money due to the government from the officer (Eg. Loan balances)
- XI. Whether a proper arrangement has been made to settle loans or any other charges, if any
- XII. A certification that the officer is not a surety of another party and that the officer has been released from the relevant responsibilities

- XIII. Concurrence of the Secretary of the Institution/ Head of the Institution where such officer serves
- XIV. Concurrence of the institution where the officer expects to serve after release
- XV. Concurrence of the officer
- XVI. Report with the recommendation as per Appendix No. 10 or Appendix 11 of the Procedural Rules of the Public Service Commission

### Checklist

Serial. No.	Description	Available	Not available
01	Copy of the National Identity Card		
02	Letter of Confirmation in the Appointment		
03	Letters to prove the time durations of previous releases, if any		
04	Letters to prove that the officer has passed the prescribed Efficiency Bar examinations		
05	Certification that the officer has not reached the age of 57 years		
06	A certification that the disciplinary action against the officer is not in progress, or is not contemplated against him		
07	A certification that there are no legal proceedings against the officer relating to any matter connected with the government		
08	A certification that the officer has not been specially trained to perform the duties of his present post		
09	A certification that there is no legal agreement binding the officer for service to the government for a particular duration.		
10	A certification that there is no an outstanding amount of money due to the government from the officer (Eg. Loan balances)		
11	Whether a proper arrangement has been made to settle loans or any other charges, if any		
12	A certification that the officer is not a surety of another party and released from the relevant responsibilities		
13	Concurrence of the Secretary of the Institution/ Head of the institution where such officer serves		

14	Concurrence of the institution where the officer expects to serve after release		
15	Concurrence of the officer		
16	Report with the recommendation as per Appendix No. 10 or Appendix 11 of the Procedural Rules of the Public Service Commission		
Prepared by		Checked by	
Signature : .....		Signature : .....	
Name : .....		Name : .....	
Designation : .....		Designation : Chief P. H. M. Assistant	

.....

Hospital Secretary / Administrative Officer

Date : .....

(Official Frank with Name)

### Appendix No. 10

#### (Section 143)

Address .....

Date .....

(Appointing Authority)

.....

Through (Head of the Department / Institution)

.....

**Request for permanent /temporary release from the Public Service for the service in the post of ..... in the .....**

#### 1. Particulars of the officer

1.1 Full Name : .....

1.2 Service : .....

1.3 Post : .....

1.4 Service station : .....

1.5 Department/ Institution :

1.6 Ministry : .....

1.7 The date on which the officer was confirmed in the Public Service : .....

1.8 Age as at the date of request : Years:..... Months: ..... Days:.....

- 1.9 Whether the officer has passed all relevant efficiency bars / departmental tests by the date the request is made: Yes / No
- 1.10 If the officer has received special training for discharging the duties of his present post, please give details.  
 .....  
 .....  
 .....
- 1.11 If the officer is under bond with the Government for a compulsory period of service, please give details.  
 .....  
 .....  
 .....
- 1.12 Details of previous temporary releases from the Public Service
- | <u>Institution</u> | <u>Post</u> | <u>Period</u>       | <u>Years</u> | <u>Months</u> |
|--------------------|-------------|---------------------|--------------|---------------|
| .....              | .....       | From ..... To ..... | .....        | .....         |
2. The post in which the officer expects to serve after release:
- 2.1 Institution :.....
- 2.2 Ministry :.....
- 2.3 Trade Union/ Welfare Union:.....
- 2.4 Post :.....
- 2.5 Whether the request is for permanent or temporary release : .....
- 2.6 If temporary, the duration: .....
- 2.7 Date expected to assume duties in the post: .....
3. I attached hereto the letter issued by ..... expressing willingness to appoint me to the post of ..... in the .....
- 3.1 I attached hereto a certified copy of the minutes of the ..... trade union / welfare union stating that I have been selected for the post of ..... in the said union and that it is necessary to get me temporarily released from the Public Service for service in the said post. I also attached hereto the details about the number of members registered in the said union and a copy of the approved constitution.



4. I certify that the information stated by me above is true. This request is submitted in terms of Section 143 of Volume 1 of the Procedural Rules of the Public Service Commission. Accordingly, I request that I be permanently / temporarily released from the Public Service for service in the post of ..... in the ..... union.

.....  
Signature of the Officer

**Appendix No. 11**  
**(Section 143)**

My No. : .....

Address : .....

Date : .....

(Appointing Authority)

.....

**Request for the release of an officer permanently / temporarily from his present post on the need of the Government**

01. Particulars of the officer

1.1 Full Name :.....

1.2 Service :.....Class : .....Grade :.....

1.3 Post :.....

1.4 Service station :.....

1.5 Department/ Institution :.....

1.6 Ministry :.....

02. The post proposed to be appointed after the release

2.1 Post :.....

2.2 Salary Scheme :.....

2.3 Service station :.....

2.4 Institution :.....

03. Proposed Release

3.2 Whether permanent or temporary :.....

3.3 If temporary, for how long :.....

For a period of ..... years from ..... to .....

04. The request of the Institution seeking to employ the officer is attached as Annex .....

05. The letter of consent by the officer is attached as Annex .....

06. 25% of the consolidated salary of the officer as contribution to secure his pension and contributions to the Widows' and Orphans' Pension Fund / Widowers' and Orphans' Pension Fund will be duly paid by the ..... which will employ the officer.

07. Accordingly, I request that the above officer be released temporarily / permanently from the post he presently holds in the Public Service for appointment to the above post.

Signature .....

Name : .....

Designation : .....

Ministry : .....

(11)

## **Taking action regarding a resignation of a Public Officer**

### **Objective**

Allow an officer to resign in a formal manner without prejudice to the public service

### **Qualifications to be fulfilled and applicability**

Following matters should be clarified when the Head of the Department receives a letter of resignation of a public officer.

01. That there are no disciplinary proceedings pending against the officer or that there are no grounds to initiate a disciplinary action against him.
02. That there is no legal agreement or bond binding the officer for service to the government for a particular duration.
03. That there is no sum of money whatsoever due to the government from the officer.
04. That he has absolved the government of any pending responsibilities as regards relief and privileges provided to him by a third party on surety furnished by the government.
05. That all the public properties with the officer have been returned.
06. That there are no legal proceedings on a matter in connection with the government pending against the officer.
07. That he has provided another suitable surety for surety agreements he has entered into with the government.
08. That the officer should be informed in writing that if the resignation is accepted, it cannot be withdrawn.
09. That such letter should, at all times, be handed over personally and otherwise, action should be taken to send it by registered post.
10. A public officer cannot resign with retrospective effect under any circumstances
11. That if an officer fails to report for duty, before receiving the decision of the Appointing Authority, the officer shall be deemed to have vacated his post on his own accord.

**Checklist to be used upon a receipt of a letter of resignation of a public officer**

Serial No.	Description	Available	Not available
01	Appointment letter subjected to a period of probation		
02	A certification that there are no disciplinary proceedings pending against the officer or that there are no grounds to initiate a disciplinary action against him		
03	A certification that there is no legal agreement or bond binding the officer for service to the government for a particular duration		
04	A certification that there is no sum of money whatsoever due to the government from the officer		
05	A certification that he has absolved the government of any pending responsibilities as regards relief and privileges provided to him by a third party on surety furnished by the government		
06	A certification that all the public properties with the public officer have been returned		
07	A certification that there are no legal proceedings against the officer relating to any matter connected with the government		
08	A certification that he has provided another suitable surety for surety agreements he has entered into with the government		
Prepared by		Checked by	
Signature : .....		Signature : .....	
Name : .....		Name : .....	
Designation : .....		Designation : Chief P.H.M. A.	

.....

Hospital Secretary / Administrative Officer

Date : .....

(Official Frank with the Name)

(12)

**Taking action when an officer who has been dismissed from service /  
deemed to have vacated his post has submitted an appeal to reinstate in  
service**

**Objective**

Procure justice with regard to the appeal of the officer

**Qualifications and Applicability**

Request for reinstatement in service by an officer who has formally resigned/ an officer who has been served with a notice of vacation of post

**Documents to be produced to the Appointing Authority for consideration of  
reinstatement in service**

1. Covering letter with the recommendation of the Head of the Institution
2. Copy of the appeal
3. Related documents to support the matters in the appeal (Medical reports etc.)
4. Copy of the Appointment letter
5. Documents pertaining to confirmation in the appointment
6. Copy of the letter of resignation/ copy of the notice of vacation of post

**Checklist**

Serial No.	Description	Available	Not available
1.	Covering letter with the recommendation of the Head of the Institution		
2.	Copy of the appeal		
3.	Related documents to support the matters in the appeal (Medical reports etc.)		
4.	Copy of the Appointment letter		
5.	Documents pertaining to confirmation in the appointment		
6.	Copy of the letter of resignation / copy of the notice of vacation of post		

7.	Whether the appeal has been made within the prescribed period as per Chapter XV of the Procedural Rules in respect of an officer who vacated his post			
Prepared by			Checked by	
Signature : .....			Signature : .....	
Name : .....			Name : .....	
Designation : .....			Designation : Chief Public Health Management Assistant	

.....

Hospital Secretary / Administrative Officer

Date : ..... (Official Frank with the Name)

**Form of report on appeals made to the Public Service Commission against notice of vacation of post (Please send all the connected files referred to below along with this report) (As per Appendix No. 4 of Volume II of the Establishments Code)**

1. Name of the Officer : .....
2. Department/ Ministry : .....
3. Post : .....
4. Date of Birth : .....
5. Date of appointment to the Public Service : .....
6. Date of appointment to the present post : .....
7. Salary (I) Salary Scale : .....  
(II) Salary Step on Salary Scale : .....  
(III) Number of increments earned : .....
8. Staff Grade or Non-Staff Grade : .....
9. When was the notice of vacation of post served : .....
10. Record of past service of the officer (in brief) :

.....  
.....  
.....  
.....

11. Number of matters in the appeal or the observations of the Head of the Department/  
Ministry or Secretary of the Ministry :

.....

12. Recommendation of the Secretary/ Head of the Department (Clearly in brief) :

.....

.....

Date : .....

Head of the Department / Secretary or  
Head of the Institution

**Sources –**

1. Section 37 of Chapter XLVIII of the Establishments Code and its sub-sections
2. Provisions in 170 to 174 of Chapter XV of the Procedural Rules of the Public Service Commission

(13)

## Transfer

### 13.1 Procedure to be followed when officers have applied for mutual transfers

#### Objective

Allow officers to serve in a more convenient service station at their request.

#### Qualifications and Applicability

Issuance of transfer orders subjected to the exigency of service when two or more officers in the same post and grade who have served more than 02 years in a service station have applied for a mutual transfer upon the concurrence of the respective Heads of the Institutions.

#### Documents to be produced

- I. Application for mutual transfer along with the recommendation of the Heads of the Institutions
- II. Request of the officer
- III. Documents to confirm the post and grade of the officer
- IV. Letters with concurrence of the respective Heads of the Institutions
- V. Documents to support the period of service in the present service station
- VI. Whether or not any disciplinary proceedings are pending against the officer
- VII. If transfers have been made earlier on a disciplinary order, the relevant period and whether that period has expired

#### Checklist

Serial No.	Description	Available	Not available
I	Covering letter		
II	Application for mutual transfer along with the recommendation of the Heads of Institutions		
III	Request of the officer		
IV	Documents to confirm the post and grade of the officer		
V	Letters with concurrence of the respective Heads of the Institutions		
VI	Documents to support the period of service in the present service station of the officer		



VII	Whether any disciplinary proceedings are pending against the officer		
VIII	If transfers have been made earlier on a disciplinary order, the relevant period and whether that period has expired		
Prepared by		Checked by	
Signature : .....		Signature : .....	
Name : .....		Name : .....	
Designation : .....		Designation : Chief P.H. M. Assistant	

.....

Hospital Secretary / Administrative Officer

Date : ..... (Official Frank with Name)

**Application for Mutual Transfer**

- I. Name of the officer :- .....
- II. Post and Grade :- .....
- III. Present service station :- .....
- IV. Date of the first appointment :- .....
- V. Date of reporting to the present service station:-.....
- VI. Period of service in the present service station: - Years..... Months..... Days.....
- VII. Service stations where the officer has served before and the relevant periods  
.....  
.....
- VIII. Permanent address : - .....
- IX. Service station to where the mutual transfer is requested :- .....
- X. Name and grade of the proposed successor of the mutual transfer:-  
.....
- XI. Whether the proposed successor of the mutual transfer is of the same post and same grade as the officer concerned .....

XII. Reason for requesting a mutual transfer (Attach the documents to support reasons)  
.....

I Certify that the foregoing information is correct and the relevant document are attached herewith

.....  
Date .....

Signature of the Applicant

XIII. Concurrence of the respective Head of the Division .....

Date :- .....

Signature of the Head of the Division:- .....

**Certification of the subject officer in charge of the personal file**

1. Has this officer been transferred earlier on a disciplinary order? .....
2. If yes, mention the relevant period and whether that period has expired?  
.....

I certify that the above information from I to VIII is correct according to the personal file and the relevant documents are attached herewith .

Date :- ..... .....

Signature of the Subject Officer

I certify that foregoing information is correct according to the personal file and the relevant documents are attached herewith. I recommend/do not recommend the transfer.

Date :- ..... .....

Administrative Officer/ Hospital Secretary

Signature and official frank

I recommend/ do not recommend the transfer above.

Date :- ..... .....

Head of the Institution

Signature and official frank

### **13.2 Procedure to be followed when transfers are made on disciplinary grounds (Based on the facts established at a preliminary inquiry)**

#### **Objective**

Fulfill the requirement of the government by transferring an officer on disciplinary ground

#### **Qualifications and Applicability**

Should have received the decision to transfer an officer on disciplinary grounds

#### **Documents to be produced in transferring on disciplinary grounds**

- I. Preliminary inquiry report and recommendations of the preliminary inquiry
- II. Disciplinary matters pertaining to the former periods of service of the officer according to his personal file

#### **Checklist**

Serial No.	Description	Available	Not available
i	Covering letter		
ii	Form containing the recommendations of the Head of the Department		
iii	Preliminary inquiry report and recommendations of the preliminary inquiry		
iv	Letters on disciplinary matters pertaining to the former periods of service of the officer according to his personal file		
Prepared by		Checked by	
Signature : .....		Signature : .....	
Name : .....		Name : .....	
Designation : .....		Designation : Chief Public Health Management Assistant	

.....

Hospital Secretary / Administrative Officer

Date : .....

(Official Frank with the Name)

**Form for the transfer on disciplinary grounds (Based on the facts established by a preliminary inquiry)**

- I. Name of the officer :- .....
- II. Post and grade :- .....
- III. Present service station :- .....
- IV. Date of the first appointment :- .....
- V. Misconduct led to the preliminary inquiry in brief :-  
.....
- VI. Date on which the preliminary inquiry was conducted: - .....

I certify that foregoing information is correct and the relevant documents are attached herewith.

.....  
Date :- ..... Signature of the Subject Officer

I certify that foregoing information is correct and the relevant documents are attached herewith. I recommend/ do not recommend the transfer.

Date :- .....  
.....  
Administrative Officer/ Hospital Secretary  
Signature and official frank

I recommend the transfer above.

.....  
Head of the Institution  
Date :- ..... Signature and official frank

**13.3 Procedure to be followed when officers have applied for temporary transfers**

**Objective**

Grant relief by facilitating temporary transfers to the officers having difficulties

## Qualifications and applicability

Should have applied for a temporary transfer to a convenient service station due to the difficulties that are acceptable.

## Documents to be produced for a temporary transfer

- I. Request letter of the officer with recommendations of the Head of the Institution
- II. Documents to support the reasons for requesting the temporary transfer
- III. Letter containing the concurrence to pay salaries by the present service station for the duration of the temporary transfer
- IV. Concurrence of the Head of the Institution to which the officer is attached temporarily
- V. Number of vacancies of the Institution to which the officer is attached temporarily
- VI. Documents on temporary transfers made at earlier occasions

## Checklist

Serial No.	Description	Available	Not available
1.	Covering letter		
2.	Request letter of the officer with recommendations of the Head of the Institution		
3.	Documents to support the reasons for requesting the temporary transfer		
4.	Letter containing the concurrence to pay salaries by the present service station for the duration of the temporary transfer		
5.	Concurrence of the Head of the Institution to which the officer is attached temporarily		
6.	Number of vacancies of the Institution to which the officer is attached temporarily		
7.	Documents pertaining to temporary transfers made at earlier occasions		

Prepared by		Checked by
Signature : .....		Signature : .....
Name : .....		Name : .....
Designation : .....		Designation : Chief P.H. M. Assistant

.....

Hospital Secretary / Administrative Officer

Date : .....

(Official Frank with Name)

**Application for Temporary Transfer**

- I. Name of the officer :- .....
- II. Post and grade :- .....
- III. Present service station :- .....
- IV. Date of the first appointment :- .....
- V. Date of reporting to the present service station :- .....
- VI. Permanent address :- .....
- VII. Service station to which the temporary transfer is requested:-  
.....
- VIII. Reason for requesting a temporary transfer (Attach the documents to support the reasons) :- .....
- IX. Period for which the temporary transfer is requested .....
- X. If temporary transfers have been made earlier, mention such periods and institutions:- .....

Institution	Duration

I certify that foregoing information is correct and the relevant documents are attached herewith .

.....  
Date :- ..... Signature of the Applicant

I certify that foregoing information is correct and the relevant documents are attached herewith .

.....  
Date :- ..... Signature of the Subject Officer

I certify that foregoing information and annexures are correct. I recommend/ do not recommend the transfer.

.....  
Administrative Officer/ Hospital Secretary  
Date :- ..... Signature and official frank

I recommend/ do not recommend the transfer above.

.....  
Head of Institution  
Date :- ..... Signature and official frank

### **Sources**

- i. Section 13 of Chapter XLVIII of Volume II of the Establishments Code
- ii. Section 222 of Chapter XVIII of the Procedural Rules

### **13.4 Procedure to be followed when sending reports and documents to the officer's new Head of the Department after transferring a Public Officer**

#### **Objective**

Send the personal file and other documents of a transferred officer to the respective institution without delay

#### **Qualifications and applicability**

The Head of the respective institution to which the officer received the transfer should have confirmed in writing that the officer has reported to the duties of that institution.

#### **Documents and reports that should be sent by the new Head of the Institution of an officer who received a transfer**

- I. Covering Letter
- II. Officer's personal file along with the updated history sheet
- III. Written recommendations for payment of the next salary increment for the period from the date of the last increment up to the date of release of the officer from the institution
- IV. Performance appraisal report of the officer
- V. Leave particulars from the date of the first appointment
- VI. Salary particulars of the officer

- VII. Particulars of railway holiday warrants related to the current year
- VIII. Loan balance report
- IX. Loan card
- X. Detailed report on foreign tours made during the period of service
- XI. Details on courses of study, workshops and various seminars attended by the officer
- XII. Other important documents relating to the officer
- XIII. Recovery report
- XIV. Reports of period of probation as applicable
- XV. Particulars of contribution to the Widows'/ Widowers' and Orphans Pension

### Checklist

Serial No.	Description	Available	Not available
1.	Officer's personal file along with the updated history sheet		
2.	Written recommendations for payment of the next salary increment for the period from the date of the last increment of the officer up to the effective date of the transfer		
3.	Performance appraisal report of the officer		
4.	Leave particulars from the date of first appointment		
5.	Particulars of railway holiday warrants related to the current year		
6.	Salary particulars of the officer		
7.	Loan balance report		
8.	Loan card		
9.	Detailed report on foreign tours made during the period of service		
10.	Details on courses of study, workshops and various seminars attended by the officer		
11.	Other important documents relating to the officer		
12.	Recovery report		
13.	Reports of period of probation as applicable		
14.	Particulars of contribution to the Widows'/ Widowers' and Orphans Pension		



**Form to be filled when sending the personal file of a transferred public officer to the new Head of the Institution**

- I. Name of the officer :- .....
- II. Post and Grade: -.....
- III. Personal file No. :- .....
- IV. No. of left hand side pages and right hand side pages :- .....

The personal file of the above officer is herewith sent along with the following documents.

- I. Officer's personal file along with the updated history sheet
- II. Written recommendations for payment of the next salary increment for the period from the date of the last increment of the officer up to the effective date of the transfer
- III. Performance appraisal report of the officer
- IV. Leave particulars from the date of the first appointment
- V. Particulars of railway holiday warrants related to the current year
- VI. Salary particulars of the officer
- VII. Loan card
- VIII. Loan balance report
- IX. Detailed report on foreign tours made during the period of service
- X. Details on courses of study, workshops and various seminars attended by the officer
- XI. Other important documents relating to the officer
- XII. Recovery report
- XIII. Reports of period of probation as applicable
- XIV. Particulars of contribution to the Widows'/ Widowers' and Orphans Pension

I certify that foregoing information is correct and the relevant documents are attached herewith .

Date :- ..... ..

Signature of the Subject Officer

I certify that foregoing information and annexures are correct.

Date :- ..... ..

Head of Institution/Administrative Officer/Hospital Secretary

Signature and official frank

### **13.5 Procedure to be followed when submitting an appeal to the Public Service Commission on transfer**

#### **Objective**

Provide relief to an officer aggrieved by a transfer

#### **Qualifications and applicability**

An appeal on a transfer should be made only as per the Appendix 23 of the Procedural Rules. The Head of the institution should forward the appeal to the Secretary of the Ministry within 07 days enabling him to send it to the Public Service Commission within 15 days.

#### **Related documents**

- I. Covering letter with observations and recommendations of the Head of the Institution
- II. Appeal of the officer
- III. Certified copy of the relevant order
- IV. Documents to support the matters in the appeal

#### **Checklist**

Serial No.	Description	Available	Not available
1	Covering letter with observations and recommendations of the Head of Institution		
2	Appeal of the officer		
3	Certified copy of the relevant order		
4	Documents to support the matters in the appeal		

#### **Source**

1. Section 224 Chapter XVIII of the Procedural Rules

**(14)**

## **Optional or Compulsory retirement of a public officer who received a permanent and pensionable appointment**

### **Objective**

Facilitate an officer who received a permanent and pensionable appointment in the public service to retire at the proper time in terms of the provisions of the Minutes on Pensions and the Public and Judicial Officers Retirement Ordinance and, to ensure the relevant benefit entitlements.

### **Qualifications to be fulfilled and applicability**

- I. Should have received a permanent and pensionable appointment
- II. Should have been confirmed in the appointment
- III. Should have been retired in the formal manner  
(Should have completed at least 10 years of net period of service for the payment of pension)

#### **1. Optional retirement**

Retirement on reaching 55 years of age or during 55 to 60 years of age on their own accord as per Sections 2 and 17 of the Minutes on Pensions

#### **2. Compulsory retirement**

Retirement on reaching 60 years of age years as per Sections 2 and 17 of the Minutes on Pensions

### **Qualifications to be fulfilled for formal retirement/ applicability**

- I. The post should be a permanent and pensionable (the post should have been scheduled in the Minutes on Pensions)
- II. The officer should have been confirmed in the post
- III. The officer should have fulfilled the requirements for the retirement of public officers (Eg.- Completion of 55 years of age)
- IV. The retirement should have been duly approved by the Appointing Authority.

**Form to be submitted to the Appointing Authority by the Head of the Institution for obtaining approval for retirement (Should be filled by the Subject Officer)**

My No. ....

1. Full name of the officer (According to the National Identity Card) :- .....
2. Date of birth (According to the certificate of birth) :- Years .... Months .... Date ....
3. National Identity Card Number:- .....
4. Present post :- .....
5. Date of confirmation in the present post :- .....
6. Details of the posts held before the present post and the relevant appointment dates  
Post- .... Appointment Date- ..... Whether the service has been confirmed or not -  
Post- .... Appointment Date- ..... Whether the service has been confirmed or not -
7.
  - I. Reason for retirement :- .....
  - II. Requested date for the retirement :- .....
  - III. Period of permanent service as at such date :- Years .... Months .... Days ....
8.
  - I. Whether the officer is bound to serve for the government/ by an agreement for a particular period :- Yes/ No
  - II. If yes, what are the steps that have been taken to absolve from such obligations? .....
9.
  - I. Has the officer been availed no-pay/ half-pay leave? :- Yes/ No
  - II. If yes, give details thereon  
No. of half-pay leave days .....  
No. of no-pay leave days .....
10. Are there any disciplinary proceedings against the officer? :- Yes/ No  
(If disciplinary inquiries are in progress, give details)  
.....
11. The affidavit is included/ not included :- .....

The personal file was checked and I certify that the foregoing information is correct accordingly.

Date .....

.....

Name and Signature of the Subject Officer

I hereby certify that the information furnished above is correct and I recommend the retirement of the officer from ..... in terms of Sections ..... and the ..... in the Minutes on Pensions

Date ..... ..

Administrative Officer/ Hospital Secretary

I recommend the retirement of the above officer with effect from .....

Date ..... ..

Head of the Institution

**Only for the use of the Ministry of Health**

**My No. ....**

I recommend the retirement of the above officer.

Date ..... ..

Director General of Health Services

I recommend/ approve the retirement of the above officer.

Date ..... ..

Additional Secretary (Administration)

I approve the retirement of the above officer.

Date ..... ..

Secretary of the Ministry of Health

## Information to be furnished by a public officer when he retires

### Particulars of the officer

#### Part I

A clear color photograph in the size of 4.5cm × 3.5cm of the spouse should be pasted here

01. Full name(According to the National Identity Card) (Rev./Mr./Mrs./Miss):  
.....
02. Full name in English block letters : .....
03. Last name with initials : .....
04. Date of birth : Year: ...Month: .....Date: .....
05. Date of retirement : Year: ...Month: .....Date: .....
06. Age as at the date of retirement : Years:...Months:.....Days:.....
07. National Identity Number : .....
08. Gender : Female:..... Male: .....
09. Permanent address : .....
10. Permanent address (in English)  
: .....
11. Grama Niladhari division in which you are permanently residing : ..... No. ....
12. Divisional Secretariat division in which you are permanently residing : .....
13. District in which you are permanently residing : .....
14. Personal Telephone No. : Home ..... Mobile .....
15. Personal email address (If available) : .....
16. Personal skype address (If available) : .....
17. Bank Account Number : .....
18. Name of the Bank : .....
19. Branch of the Bank : .....
- (Please attach a photocopy of the pass book)
20. I express/ do not express my willingness to obtain the pension gratuity : .....

### Statement of Widows' and Orphans' Information

#### Part II

21. W&OP Number (If available) : .....
22. Marital status : .....
23. Full name of the spouse : .....
24. Date of birth of the spouse : Year : ..... Month : .....Date : .....

25. NIC No. of the spouse : .....
26. Date of marriage : Year : ..... Month : ..... Date : .....
27. If the spouse has demised, : Year : ..... Month : ..... Date : .....  
(Produce the death certificate)
28. Occupation of the spouse : .....
29. Details of previous marriage, if any :  
 Name of the spouse : .....  
 Date of birth : .....  
 Date of marriage : .....  
 NIC No. : .....  
 How the marriage ended : .....  
 Date of termination of marriage : .....

30. Details of Children

Name of child	Gender	Date of birth	NIC No.	Occupation, if any
01.				
02.				
03.				
04.				
05.				

31. Furnish information of disabled children, if any.

Name of child	Gender	Date of birth	NIC No.	Nature of the disability
01.				
02.				

I,.....(name), served as .....(designation) of ..... (Name of the Institution) of the ..... (Ministry/Provincial Council/ Department),do hereby inform that I shall retire from service/ I have been sent on retirement with effect from ..... of ..... 20..., on the ground of ..... (Mention the reason for retirement; i.e. reaching the age of retirement/ abolition of post/ medical reasons). Furthermore, I declare that this information is true and correct. I do express my consent for the recovery of any sum of money payable to the government, if any, and I am truly aware that if my gratuity is not sufficient for that purpose,

the amount will be recovered from my pension. (I submit herewith the Affidavit relating to the recovery of money payable to the government).

I declare that the information above is true and correct.

Date : .....

Signature of Applicant:

(Place the usual specimen signature)

(Should place the signature so as not to cut the lines)

### Checklist

Serial No.	Description	Available	Not available
1.	Full name		
2.	Full name (in English block letters)		
3.	Last name with initials		
4.	Date of birth		
5.	Date of retirement		
6.	Age as at the date of retirement		
7.	NIC No.		
8.	Gender		
9.	Permanent address		
10.	Permanent address (in English)		
11.	Grama Niladhari division in which the officer is permanently residing		
12.	Divisional Secretariat division in which the officer is permanently residing		
13.	District in which the officer is permanently residing		
14.	Personal telephone number		
15.	Personal email address (if available)		
16.	Personal skype address (if available)		
17.	Bank Account Number		
18.	Name of the Bank		
19.	Branch of the Bank		



20.	I express/ do not express my willingness to obtain the pension gratuity		
21.	W&OP Number		
22.	Marital status		
23.	Full name of the spouse		
24.	Date of birth of the spouse		
25.	NIC No. of the spouse		
26.	Date of marriage		
27.	If the spouse has demised, the date		
28.	Occupation of the spouse		
29.	Details of previous marriage, if any		
30.	Details of children		
31.	Details of disable children, if any		
Prepared by		Checked by	
Signature : .....		Signature : .....	
Name : .....		Name : .....	
Designation : .....		Designation : Chief P.H. M. Assistant	

Administrative Officer/ Hospital Secretary

Name :- .....

Designation : .....

**Information to be completed by the Institution in a retirement of a public officer**

**(Should be filled by the relevant Subject Officer)**

**Service Information Part III**

01. Full name of the officer who retires : .....

02. Designation as at the retirement date : .....

(In English block letters)

03. Ministry/ Provincial Council : .....

04. Department/ Institution : .....

05. Address of the Institution : .....  
(The institution which handles the retirement)
06. Telephone Number of the institution : ..... Fax Number .....
07. Email address of the institution : .....
08. Address of the last station/institution in which the officer served :.....  
.....
09. Telephone No. of the officer's present Service station : .....
10. Service: ..... Grade : .....
11. Job description : .....  
Job Specialization  
.....  
.....
12. Date of the first appointment : Year : ..... Month : ..... Date :  
.....
13. Date of the permanent and pensionable appointment : Year : ..... Month : ..... Date : ...
14. Has the officer been confirmed in the post : .....
15. Reason for retirement :.....
16. Section under which the retirement is made : .....
17. Date of retirement : Year : ..... Month : ..... Date : .....
18. Last working date : Year : ..... Month : ..... Date : .....
19. If the officer concerned has received awards of pension previously,  
Pension Number : .....  
What is it ? : .....
20. If public service gratuity awards have been paid,  
Under which Section it has been paid? .....  
What is the number of the relevant award? .....
21. No. of Widows' & Orphans'/ Widowers' & Orphans' as at that date (if any): .....
22. Details of the period of service:  
Training period of service: .....  
Period of service on casual/daily wage basis : .....  
Permanent and pensionable period of service: .....  
Period of service relevant to the calculation of pension: .....
23. Period of no-pay leave : .....

24. Salary particulars:

Annual consolidated salary as at the date of retirement (Rs.) : .....

Value of earned increment if retiring on completion of 60 years of age (Rs.)  
:.....

Allowances with pension (Rs.) : .....

Gross annual salary applicable to the calculation of pension (Rs.) : .....

25. Details of dues payable to the government :

Description	Value
.....	.....
.....	.....

26. Details of gratuity entitlement : .....

27. Details of monthly pension entitlement : .....

28. Official Bank Account Number of the Head of the institution: .....

29. Particulars of Official Bank Accounts : .....

30. Is there a difference between the date on which retirement was made and the date of retirement? .....

31. Give reasons for such difference, if any : .....

32. Are there service interruptions during the period of service? .....

33. Give reasons for service interruptions, if any : .....

34. Are there instances of temporary release to Corporations or Boards during the period of service relating to the calculation of pension? .....

35. If there are instances of temporary release, has the contribution for securing 25% of pension relating to that period been charged? .....

36. Are there service extensions? .....

37. Period of service extensions, if any .....

Reason : .....

38. Have W&OP contributions for daily service been charged?:- .....

39. If W&OP contributions for daily service have not been charged, the due amount:  
.....

40. Consent to recover such amount from the gratuity : .....

41. Does the letter of appointment of daily service indicate that work should be done on Sundays and Poya days ? .....

42. Has a promotion or a new post been received within three years before the retirement?  
.....

Has it been confirmed? .....

43. Salary Scale and Salary Step of the permanent post: .....

44. Foreign visits undertaken during the period of service:

Period being in abroad : .....

With pay/ No-pay : .....

Whether or not approval has been obtained: .....

45. If retirement is made under a special approval other than the Minutes on Pensions,  
mention that special approval : .....

46. The institution by which that retirement was authorized .....

47. Official name of the bank account maintained by the Institution : .....

Bank- ..... Branch- ..... Account No. - .....

I hereby certify that the particulars of ..... (Name) who served as  
..... (Post) ..... are true and correct  
and no disciplinary inquiry is being held against the said officer. Furthermore, I recommend  
that it is appropriate to allocate a pension number based on these particulars and pay him the  
pension gratuity entitlements and also to commence the payment of monthly pension.

Prepared by : Name .....

Post .....

Signature .....

Date .....

Checked by : .....

Signature .....

Date .....

Administrative Officer/ Hospital Secretary

.....

Date .....

Signature of the Head of the Institution

(It is compulsory to mention the name and place the official frank)

## Checklist

Serial No.	Description	Available	Not available
1.	Full name of the officer get the retirement		
2.	Post as at the date of retirement		
3.	Ministry/ Provincial Council		
4.	Department/ Institution		
5.	Address of the Institution		
6.	Telephone Number/ Fax Number of the institution		
7.	Email address of the institution		
8.	Address of the station/institution in which the officer served last		
9.	Telephone No. of the officer's present service station		
10.	Service/ Grade		
11.	Job description		
12.	Date of first appointment		
13.	Date of the permanent and pensionable appointment		
14.	Has the officer been confirmed in the post		
15.	Reason for retirement		
16.	Section under which the retirement is made		
17.	Date of retirement		
18.	Last working date		
19.	Pension Number, if the officer concerned has received awards of pension previously		
20.	If public service gratuity awards have been paid, under which Section it has been paid? / What is the No. of the relevant award?		
21.	Number of Widows' & Orphans'/ Widowers' & Orphans' (if available)		
22.	Details of the period of service		
23.	Period of no-pay leave		
24.	Salary particulars		

25.	Details of dues payable to the government		
26.	Details of gratuity entitlement		
27.	Details of monthly pension entitlement		
28.	Official Bank Account Number of the Head of the Institution		
29.	Particulars of Official Bank Accounts		
30.	Is there a difference between the date on which retirement was made and the date of retirement?		
31.	Give reasons for such difference, if any		
32.	Are there service interruptions during the period of service?		
33.	Give reasons for service interruptions, if any		
34.	Are there instances of temporary release to Corporations or Boards during the period of service relating to the calculation of pension?		
35.	If there are instances of temporary release, has the contribution for securing 25% of pension relating to that period been charged?		
36.	Are there service extensions?		
37.	Period of service extensions, if any		
38.	Have W&OP contributions for daily service been charged?		
39.	If W&OP contributions for daily service have not been charged, the due amount		
40.	Consent to recover such amount from the gratuity		
41.	Does the letter of appointment of daily service indicate that work should be done on Sundays and Poya days?		
42.	Has a promotion or a new post been received within three years before the retirement?/ Has it been confirmed?		
43.	Salary Scale and Salary Step of the permanent post		
44.	Foreign visits undertaken during the period of service		
45.	If retirement is made under a special approval other than the Minutes on Pensions, mention that special approval		
46.	The institution by which that retirement was authorized		
Prepared by		Checked by	
Signature : .....		Signature : .....	
Name : .....		Name : .....	
Designation : .....		Designation : Chief P.H.M. Assistant	

Administrative Officer/ Hospital Secretary

Name :- .....

**Documents to be included in the pension file submitted to the Divisional Secretary and the Checklist (To be completed by the respective Subject Officer)**

Serial. No.	Description	Available	Not available
1.	Certified copy of the history sheet		
2.	Certified copy of the letter by which the retirement is approved		
3.	Original of the Birth Certificate		
4.	Certified copy of the National Identity Card		
5.	Certified copy of the Pension Application (PD 03) referred to the Department of Pensions		
6.	Residence Certificate (Form DS 04 obtained from the Grama Niladhari)		
7.	Pension Awarding Certificate (Treasury 79)		
8.	No Claim Certificate		
In addition to these documents, following documents should be included in the Pension File to verify the payment of Widows'/ Widowers' Pension			
9.	Original of the Marriage Certificate		
10.	Documents to prove the termination of previous marriages, if any		
11.	Original of the Birth Certificate of the spouse		
12.	Certified copy of the National Identity Card of the spouse		
13.	Originals of the Birth Certificates of children		
14.	Medical Report of disable children, if any – The medical report issued by a government hospital in proof that the disability was caused before the child is 26 years of age		
15.	Original of the Death Certificate if the spouse has demised		
16.	Absolute order issued by the court if divorced		
17.	Documents to support the differences in the name of the spouse, if any		
18.	The Pensioners' Identity Card – Treasury 147 which is currently in use shall not further be used from 02.04.2015 and a new Electronic Pensioners' Identity Card (NFC Card) will be issued by the Department of Pensions.		
Prepared by		Checked by	
Signature : .....		Signature : .....	
Name : .....		Name : .....	
Designation : .....		Designation : Chief P. H.M. Assistant	

Administrative Officer/ Hospital Secretary  
Name :- .....

**Checklist relevant to the information to be submitted by the Subject Officer****(The file submitted to the Divisional Secretary)**

Serial No.	Description	Available	Not available
1.	Certified copy of the history sheet		
2.	Certified copy of the letter by which the retirement is approved		
3.	Original of the Birth Certificate		
4.	Certified copy of the National Identity Card		
5.	Certified copy of the Pension Application (PD 03) referred to the Department of Pensions		
6.	Residence Certificate (Form DS 04 obtained from the Grama Niladhari)		
7.	Pension Awarding Certificate (Treasury 79)		
8.	No claim Certificate		
9.	Original of the Marriage Certificate		
10.	Documents to prove the termination of previous marriages, if any		
11.	Original of the Birth Certificate of the spouse		
12.	Certified copy of the National Identity Card of the spouse		
13.	Originals of the Birth Certificates of children		
14.	Medical Reports of disable children, if any – The medical report issued by a government hospital to confirm that the disability has caused before the age of 26 years		
15.	Original of the Death Certificate if the spouse has demised		
16.	Absolute order issued by the court if divorced		
17.	Documents to support the differences in the name of the spouse, if any		
Prepared by		Checked by	
Signature : .....		Signature : .....	
Name : .....		Name : .....	
Designation : .....		Designation : Chief P.H.M. Assistant	

Administrative Officer/ Hospital Secretary

Name :- .....



## Affidavit

I, ..... at ....., as a Buddhist/  
Catholic/ Hindu/ Muslim do hereby solemnly declare / swear as follows.

1. I am the declarant above named.
2. I hereby declare that I have retired/ I am to be retired on ..... 202... having served in ..... (Institution) as ..... (Designation).
3. I kindly request to recover all dues payable to the government from me as at the date of retirement from my pension.
4. If it is revealed that there is any other sum of money payable to the government from me relating to the date of retirement after recovering money as stated in Section 3 above, or if it is found subsequently that there is still a further sum of money due to the government after being sent on retirement, I affirm and declare that I agree to recover such dues from my monthly pension.

Having read the above statement carefully and having understood it as true, I have placed my signature on this day of.. , .... 202...

.....

Signature of the Declarant

Having been read over and explained the foregoing statement, the above mentioned declarant placed his/her signature before me on this day of, .... 202...

.....

Justice of the Peace/ Commissioner of Oaths/ Attorney-at-Law/ Officer who obtained the Affidavit

## Sources

1. Establishment Code – Volume I
2. Establishment Code – Volume II
3. Procedural Rules (Public Service Commission)
4. Minutes on Pensions ( Department of Pensions)
5. Pension Circulars No. 2/95, No. 3/2015 and amendments thereto
6. Public Administration Circular No. 07/2018, No. 14/2005 and No. 16/95

(15)

## **Re-employing a Retired Officers of the Public Service on Contract Basis**

### **Objective**

Employ experienced public officers on exigency of service to continue the public service without any interruption

### **Qualifications and Applicability**

Should be an officer duly retired from public service

### **Documents to be submitted to obtain approval to employ on contract basis**

1. Covering letter with the recommendations of the Head of Department
2. Application (as per the Public Administration Circular No. 3/2018)
3. Request letter of the officer
4. Form EST (EC) 01
5. Photocopy of National Identity Card
6. Birth certificate
7. Medical certificate
8. Certificate that the applicant has not been subjected to any disciplinary order during the 05 years immediately preceding the date of the retirement
9. Copy of the letter of retirement

### **Checklist**

Serial No.	Description	Available	Not Available
1.	Covering letter with the recommendations of the Head of Department		
2.	Application (as per the Public Administration Circular No. 3/2018)		
3.	Request letter of the officer		
4.	Form EST (EC) 01		
5.	Photocopy of National Identity Card		
6.	True copy of the birth certificate		

7.	Medical certificate		
8.	Form EST (EC) 01		
9.	Certificate that the applicant has not been subjected to any disciplinary order during the 05 years immediately preceding the date of the retirement		
10.	Copy of the letter of retirement		
Prepared by		Checked by	
Signature..... :		Signature..... :	
Name..... :		Name..... :	
Designation..... :		Designation :Chief P.H.M. Assistant	

Administrative Officer / Hospital Secretary

Name :-.....

### Specimen relevant to Re-employment of Retired Officers of the Public Service

1. Name of the officer recommended:-.....
2. Service and Grade to which the officer belonged:-.....
3. Date of birth:-.....
4. National Identity Card Number:-.....
5. Post and service in which the officer is recommended to be re-employed:-.....
6. Period:-.....
7. Particulars relevant to the recommended post:-

Total approved cadre	Number of Vacancies	Reasons for the post to be fallen vacant	Date on which the post was fallen vacant	Difficulties in filling the vacancy permanently

8. Whether it is unable to cover the duties of this post by other officers in the service station and reasons for the same :-.....
9. If not, whether there are officers who could be appointed to this post on acting basis and if yes, reasons for not recommending such officers:-.....
10. The post held last by the officer:-.....
11. Service station:-.....
12. Date of retirement of the officer:-.....

13. Manner of retirement:-.....
14. Whether this officer had been previously re-employed:-.....
15. If so, the post, by whom he had been granted approval and the period of the relevant appointment:-.....
16. Special reasons for recommending this officer:-.....
17. Whether there are / had been any disciplinary inquiries against this officer:-
18. If any disciplinary inquiry had been conducted against this officer, mention the disciplinary order:-

Date :-.....

Head of Department

Date :-.....

Secretary of the Ministry

**Bio-Data** (To be completed by the relevant officer)

1. Full name:.....
2. Date of birth:.....Age:.....
3. National Identity Card No.:.....
4. Private address:.....
5. Telephone no: Mobile ..... Home .....
6. Date of appointment to the public service:.....
7. Date of retirement: .....
8. Under which Section of the Pensions Minute the officer was retired : .....
9. Post, grade and service held by the time retirement: .....
10. Service station where you served at the time of retirement: .....
11. If you had been employed earlier on contract basis,  
 Period: From ..... to ..... Institute: .....  
 Period: From ..... to ..... Institute: .....
12. Trainings received with relevant to the post:.....

I hereby certify that the details given above are true and correct.

Signature: .....

Name: .....

Source: i. Provisions (Section 154 to 159) of Chapter XIII of Procedural Rules of P.S.C.

(In addition to the bio-data form of the officer)

**Certificate of the Secretary to the Ministry/Head of the Institution when Retired Officers are Re-employed for a Vacant Post in the Public Service**

01. Particulars of the officer to be re-employed

- I. Name in full :-.....
- II. Private address :-.....
- III. Date of birth :-.....
- IV. National Identity Card no :-.....
- V. Post held in the period of 05 years immediately prior to retirement :-

Institution	Post held	Period (From-To)

- VI. Has the officer been subjected to any disciplinary action during the period of last 05 years in the public service? If so, give details.

.....  
 .....

(Secretary to the Ministry / Head of Institution should be personally satisfied in this regard.)

- VII. Nature of retirement : (Cut the irrelevant words)
  - a) Reaching the age of compulsory retirement
  - b) Reaching the optional age of retirement
  - c) According to a voluntary retirement scheme
  - d) On disciplinary reasons
  - e) Other (Give reasons)

VIII. Particulars if re-employed after retirement:

Institution	Post	Service/Class/Grade	Period

- IX. Nature of selection for re-employment: (Cut the irrelevant words)
  - a) Nominated by the relevant administrative authority
  - b) Calling applications by a public notice
  - c) On the request of the retired officer
  - d) Other (Give details)

- X. Health condition of the retired officer:
  - (a) Physical
  - (b) Mental

02. Particulars of the post in which the officer is to be re-employed:

- i. Designation (with Appointment/Grade) :.....
- ii. Nature of the post:.....
- iii. Facilities relevant to the post:
  - (a) Salary scale.....
  - (b) Other.....
- iv. Approved cadre of the post to which the officer is recommended:.....

- v. Number of vacancies:.....
- vi. Reason for the vacancy:.....
- vii. Date of the vacancy:.....
- viii. Obstacles in permanently filling the vacancy:.....
- ix. Has a replacement been requested? ..... If so, reasons for not receiving a replacement: .....  
(If it is unable to send a replacement, certification obtained from the Administrative Officer in this concern should be attached.)
- x. Mention how the duties of this post were fulfilled up to now: (if more than one month has been exceeded after the post became vacant)

- xi. Particulars of the officers who covered up the duties of the officer who held this post when he was on leave:

Name	Post	Class/Grade

- xii. Whether this post is a post of promotion of other officers in this institution :  
(If so, give the following details)

Approved cadre of the relevant post	No of officers currently in those posts

### 03. Institutional Information

- i. Particulars of the posts similar and nearly lower to this post and employment of officers in those posts: (Mention if a post is vacant)

No. of Posts	No. of officers currently available

- ii. (a) Whether any of the above officers could be employed permanently / to act in / to cover up the duties in the above post: .....
- (b) If it is unable, give reasons: .....
- iii. Special reasons to recommend the officer concerned: .....

### 04. Recommendation of the Head of the Institution:

I hereby certify that the above particulars are correct according to my knowledge and belief.

Date: .....

.....

Signature of the Head of Institution  
Official Frank

05. Recommendation of the Head of the Department:

I hereby certify that the above particulars are correct according to my knowledge and belief.

Date: .....

.....

Signature of the Head of Department

Official Frank

06. Recommendation of the Secretary to the Ministry:

I satisfy with the above particulars and recommend the re-employment from .....  
to..... on contract basis.

Date: .....

.....

Signature of the Secretary to the Ministry

Official Frank

07. Recommendation of the Administrative Authority:

I hereby recommend to re-employ Mr./Mrs./Miss. ....  
from ..... to ..... on contract basis.

Date: .....

.....

Signature of the Administrative Authority

Official Frank

(Only the officers belonging to All Island Services should fill no. 7 above)

(16)

## **Granting Increments to the Officers**

### **Objective**

Appraise the performance of the officers and motivate by granting financial benefits

### **Qualifications and Applicability**

- i. Should have the performance at its expected level in the relevant period
- ii. Should have been served during the relevant period
- iii. Should have fulfilled the other service requirements / conditions which should be completed

(Even at special instances such as no-pay leave for employment abroad/ foreign mission service period/ release on secondary basis, the increments can be granted and placed them on the salary at the end of the said periods.)

### **Required Documents and Reports**

- I. Register on the annual salary increments
- II. Personal file
- III. Completed performance appraisal
- IV. Order for Payment of Annual Increment (General 232)
- V. Increment Certificate Form (General 185)
- VI. History Sheets

### **Checklist**

Serial No.	Description	Available	Not available
I.	Include the evaluated and moderated performance appraisal to the personal file		
II.	Whether the performance has reached the expected level		
III.	Whether served the incremental period in full		
IV.	Confirm whether other service requirements have been fulfilled		
V.	Completion of Form General 232		
VI.	Submit the Form General 232 to the officer in charge of the		



	leave subject and get noted the leave particulars of the officer		
VII.	Submit the completed Form General 232 with relevant recommendations to the Hospital Secretary/Administrative Officer/ Head of the Institute for payment orders		
VIII.	Obtain the order to pay the annual salary increment by the Form General 232		
IX.	Upon the receipt of the order, prepare the Form General 185 in triplicate and submit to the Hospital Secretary/Administrative Officer to certify the salary increment		
X.	Upon the receipt of the certification, send a copy to the Accounts Division		
XI.	Send the each copy of Form General 185 to the relevant officer, Auditor-General and the Appointing Authority		
XII.	File the relevant documents in the personal file		
Prepared by		Checked by	
Signature: .....		Signature: .....	
Name : .....		Name : .....	
Designation: .....		Designation: Chief P.H.M.A	

Administrative Officer / Hospital Secretary

Name: - .....

Designation:-.....

## **Granting Property Loans for the Officers in Public Service**

### **Objective**

Forward the applications submitted to obtain government property loan advances to the relevant Financial Institutions without shortcomings.

### **Qualifications and Applicability**

A permanent public officer who has completed a service period of 05 years and who has not previously obtained a property loan, submits an application for property loan for a purpose referred under 11.1 of chapter xxiv of the Establishment Code or the Public Administration Circular no. 8/2005(x)

### **Documents to be submitted to the bank to obtain a Property Loan**

01. Appendix 29 of the Establishment Code (Loan Application)
02. Appendix 26 of the Establishment Code (Other Documents)
03. Statement of last drawn salary
04. National Identity Card
05. Approved survey plan
06. Title deed
07. es for 30 yearsEntri
08. Documents obtained from the Local Authority
  - i. Property title certificate
  - ii. Non vesting certificate
  - iii. Street line and building certificate
  - iv. Assessment notice and receipt for the payment of rates for the last quarter
09. Sketch plan showing means of access
10. Valuation report and cost estimate
11. Appendix 30 of the Establishments Code and a copy of National Identity Card of the seller (to buy a property)
12. Approved plan of the building (to construct a building)
13. If the deed is in the name of the spouse, photocopy of the National Identity Card of the spouse and the marriage certificate
14. Declaration that no property loan has been obtained before
15. If Agrahara insurance is offered as the surety, the statement to that effect

## Checklist

Serial No.	Description	Available	Not available
1.	Covering letter with the recommendation of the Head of Department		
2.	Appendix 26 of the Establishments Code		
3.	Appendix 29 of the Establishments Code		
4.	Statement of last drawn salary		
5.	National Identity Card		
6.	Approved survey plan		
7.	Title deed		
8.	Entries for 30 years		
9.	Documents obtained from the Local Authority		
10.	Property title certificate		
11.	Non vesting certificate		
12.	Street line and building certificate		
13.	Assessment notice & receipt for the payment of rates for the last quarter		
14.	Sketch plan showing means of access		
15.	Valuation report and cost estimate		
16.	Appendix 30 of the Establishments Code and a copy of National Identity Card of the seller (to buy a property)		
17.	Approved plan of the building (to construct a building)		
18.	If the deed is in the name of the spouse, photocopy of the National identity Card of the spouse and the marriage certificate		
19.	Declaration that no property loan has been obtained before		
20.	If Agrahara insurance is offered as the surety, the statement to that effect		
Prepared by		Checked by	
Signature: .....		Signature: .....	
Name : .....		Name : .....	
Designation: .....		Designation: Chief P.H.M.A	

Sources:

- I. Section 11 of Chapter XXIV of the Establishments Code
- II. Public administration circular no. 8/2005, 09/2016 and relevant amendments

(18)

## Granting Festival Advances for the Officers in Public Service

### Objective

To pay the Government Officers' festival advances, without delay, in terms of the prevailing rules and regulations.

### Qualifications and Applicability

A permanent or temporary / casual public officer who completes a service period of 03 months should apply for festival advance.

### Relevant documents

Festival advance application

### Checklist

Serial No.	Description	Available	Not available
1	The approved application		
2	Whether he/she is a permanent public officer		
3	If he/she is a temporary or casual public officer, completion of a service period not less than 03 months		
4	Whether the previously taken festival advances are fully recovered		
Prepared by		Checked by	
Signature: .....		Signature: .....	
Name : .....		Name : .....	
Designation: .....		Designation: Chief P.H.M.Assistant	

Administrative Officer / Hospital Secretary

Official Frank with the Name: - .....

**Application to obtain Festival Advance as per the Section 13 of Chapter XXIV of the  
Establishments Code**

1. Full name:.....
2. Post:.....
3. Nature of the post – permanent / temporary / casual:.....
4. Date of appointment:.....
5. Salary No.:.....
6. Service station:.....
7. Reason for applying loan:.....
8. Amount of advance previously obtained and the date:.....
9. Reason for which the advance was sought:.....
10. Have you duly paid the loans obtained earlier: .....

I hereby certify that the particulars given above are true and correct. I give my consent to receive an advance of Rs. .... and to recover the same in ..... monthly installments.

.....

Date .....-

Signature of the applicant

I hereby certify that particulars given in 1 to 10 above are correct.

.....

Officer in charge of loans

.....

Head of the division

I hereby grant approval to pay a festival advance of Rs. ....

.....

Head of Institution / Hospital Secretary / Administrative Officer

Noted in the Public Officers' Loan Advance Ledger (CC 10 register).

.....

Officer in charge of the subject of  
Advance B Account

(19)

## **Granting Distress Loans for the Officers in Public Service**

### **Objective**

To duly pay the Government Officers' distress loans in terms of the prevailing provisions.

### **Qualifications and Applicability**

A permanent, pensionable officer who has not obtained a distress loan during the previous 06 months should apply a distress loan for a purpose mentioned under Section 10 of Chapter XXIV of the Establishments Code.

### **Documents required to obtain a Distress Loan**

Generally, the following documents should be submitted to obtain the approval whereas certain documents may vary according to the purpose of applying the distress loan.

01. Loan application
02. Documents which verify the information given with regard to the purpose of applying the loan
03. Salary slip of the last month
04. The agreement signed by the form "General 272"
05. General Forms 158 or 158(a) which should be completed when the guarantors are required
06. The surety of Agrahara Insurance Scheme
07. Declaration made honestly by the applicant that the loan received is utilized on the same purpose
08. Consent to recover the outstanding balance in full from the Commuted Pension if applicable (Appendix 23 of the Establishments Code)

## Checklist

Serial No.	Description	Available	Not available
1.	Completed application		
2.	Documents which verify the information given with regard to the purpose of applying the loan		
3.	Salary slip of the last month		
4.	Guarantor's declaration		
5.	Agreement signed by the form "General 272"		
6.	General Forms 158 or 158(a) which should be completed when the guarantors are required		
7.	The surety of Agrahara Insurance Scheme		
8.	Declaration made honestly by the applicant that the loan received is utilized on the very purpose		
9.	Consent to recover the outstanding balance in full from the Commuted Pension		
10.	Duly completed application form		
Prepared by		Checked by	
Signature: .....		Signature: .....	
Name : .....		Name : .....	
Designation: .....		Designation: Chief P.H.M.A.	

Administrative Officer / Hospital Secretary

Name: - .....

Designation:-.....

**Application to obtain Distress Loan for Government Officers under Advance B Account**

For office use only

Salary No: .....

Loan Application no: .....

Date received: .....

File No: .....

01. Full name..... -
02. Designation -.....
03. Service station..... -
04. Private address..... -
05. Date of birth.....-
06. National Identity Card No.....-
07. Condition of the appointment – whether permanent and pensionable or not?
08. Date of confirmation in  
service.....
09. Date of retirement.....
10. Date on which you reported to duty in this institution.....-
11. Monthly salary as at loan application date: Rs.....
12. Reason for applying the loan..... -
13. The amount required..... -
14. If you have previously obtained a distress loan, Date.....
15. Details on guarantors
  - (A) First Guarantor
    - I. Guarantor's name.....
    - II. Address.....
    - III. Occupation.....
    - IV. Service station.....
    - V. NIC No. ....
  - (B) Second Guarantor
    - (I) Guarantor's name.....
    - (II) Address.....
    - (III) Occupation.....
    - (IV) Service station.....
    - (V) NIC No. ....

Details of the guarantor / sureties are attached herewith.

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

Date .....-

.....  
Signature of the Applicant



## **Part II**

### **To be completed by the officer in charge of the loan subject in the Establishments**

#### **Division**

01. The particulars given above in 1-11 of part 1 by the applicant are correct.
02. Are the work and conduct of the applicant satisfactory? .....
03. Is there any reason to expect that the applicant may not be confirmed in his/her post?  
.....
04. Is any disciplinary action being in progress against this officer? .....

Date: .....

.....

Head of the Institution

## **Part III**

### **To be completed by the Accounts Division**

Consolidated Salary Rs..... W&OP Rs.....

Cost of living allowance Rs..... Loans obtained under "B Account  
public officers

Total of other allowance Rs.....

Festival advance	Rs.....
Special advance	Rs.....
Stamp fees	Rs.....
Surety	Rs.....
Other deductions	Rs.....
Total deductions	Rs.....
Balance	Rs.....
Total	Rs.....

I. 40% limit of the salary Rs.....

II. Total amount currently charged within the 40% limit Rs.....

III. Further recoverable balance within the 40% limit Rs.....

.....

Signature of the officer in charge of the subject

.....

Accountant

**Part IV**

**Certificate of the Book Keeper who maintains the CC 10 Credit Ledger**

Loans which have been obtained:

1. Property ..... 2. Distress .....  
3. Loan to relieve indebtedness..... 4. Other.....

Amount that can be obtained based on a monthly salary is Rs.....

Amount outstanding on the date of application – Rs. ....

Available credit balance: Rs. ....

In case the loan amounting to Rs..... is approved, it shall be recoverable from.....  
installements of Rs..... .

Date - .....

.....  
Signature of the Book Keeper

**Part V**

**To be completed by the officer in charge of the subject of loan in the Establishments Division**

1. I checked the particulars given above.
2. All the particulars required by the Circular no. 293 and dated 03.06.1984 to grant the requested loan amount are given. Relevant documents are attached.
3. A sum of Rs. .... can be approved under the paragraph ..... of the circular.
4. Loan card is submitted herewith.

Date : .....

.....  
Signature of the subject officer

I do recommend the payment of a sum of Rs. .... as the loan

Date: .....

.....  
Signature of the Admin Officer/Hospital Secretary

I do approve/ recommend the payment of Rs. .... as the loan.

Date :.....

.....  
(Head of Institution)

I do certify the payment of Rs. .... as the distress loan in terms of the payment regulations and the certificates in the relevant files

Date :.....

.....  
Accountant

### **Declaration of the Proposed Surety**

(To be completed in duplicate. One copy should be attached to the loan application and the other copy should be kept in the personal file of the Surety )

1. (a) Name: .....  
(b) Name in full:.....  
(c) Salary no.:.....
2. Gender:.....
3. Address of the residence:.....
4. Office address:.....
5. Date of birth:.....
6. National Identity Card No.:.....
7. Age at present:.....
8. Post held at present:.....
9. Date of appointment to the present post:.....
10. (a) Have you been confirmed in the present post?.....  
(b) If yes, since when?.....
11. Uninterrupted period of service under the government:.....
12. Date of retirement:.....
13. Mention the following details if you have already signed as a Surety. (You can be a Surety only for two debtors)  
(a) Name of the debtor:.....  
(b) Designation:.....  
(c) Balance outstanding:.....  
(d) Installment paid by the debtor:.....
14. Get confirmed the following details from the salary division
  - i. Basic salary:.....
  - ii. 40% limit:.....
  - iii. The amount further recoverable within the 40% limit:.....

Particulars given under 14 are correct.

Date :-.....

.....  
Subject officer of Salaries

15 Particulars Other - .....

16. I certify that the particulars given above are true and correct.

I do hereby agree to sign as the Surety for the loan amounting to Rs. ....  
obtained by Mr/Mrs ..... who holds  
the post of ..... at .....

.....

Signature of the Surety

Date.....

utation on the Proposed /Certificate of Head of Instit Surety

s Mr/M ,tyeurs I do hereby certify that the above particulars given by the proposed  
are correct and neither any action taken against him/her nor .....  
no impediment to appearing he/she is being subject to any such action at present and there is  
Surety as a

.....

Date.....

Head of the Institution

**Sources**

1. Chapter XXIV of the Establishments Code
2. Circulars of Secretary, Health on delegating powers of finance control

(20)

## **Allocating of Government Quarters**

### **Objective**

Motivate the officer to provide an efficient and quality service to the clients

### **Qualifications and Applicability**

The officers belonging to the following categories shall not be entitled to General Service Quarters unless any are available after the demands of the others have been met.

- An officer eligible for Scheduled Quarters
- Who need not to based at his Headquarters Station A Field officer
- A single officer
- An officer or whose spouse owns a house in close proximity to the service station
- A non-transferable officer
- An officer who does not intend to reside in the allocated quarters with his own family

### **Allocation of Scheduled Quarters**

- Quarters scheduled for any post could be allocated to the relevant officer for a period which he holds the post in the institution.
- In an instance where the scheduled quarters remains vacant or the officer who holds the scheduled post does not reside in the official quarters, the said quarters could be given to an officer of another post. Nevertheless, whenever it is required to give the official quarters to the officer who holds the scheduled post, upon the notice of the Head of institute, the quarters should be returned within 30 days.

### **Allocation of General Service Quarters**

- An officer who intends to obtain official quarters, it should be applied through a proper application (with documents to prove the particulars mentioned in the application)
- As per the application it should be included to the waiting list
- Once the official quarters become vacant, check the eligibility as per the provisions in Appendix 18 of volume one of the Establishments Code upon the application registered in the waiting list.
- If the applicant is eligible, sign an agreement and handover the quarters.

## **General matters**

- If it seems appropriate to appoint a committee to consider the allocation of official quarters, the Head of the Department of Housing Allocation or the Head of the Institution may appoint a Housing Committee.
- The scheduled rent should be recovered from the monthly salary of the officer after allocating the official residence to reside.
- If the rent charged from the salary of the officer is significantly more than the economic rent of the house given to him, it is possible to charge an assessed rent instead of a percentage of the salary and the approval of the Secretary to the Ministry should be obtained for that purpose. In such an instance an assessment report of the Chief Valuer should be obtained before the rent is fixed.
- Payment for all water, electricity, telephone and gas in the official quarters should be made by the officer.
- The tenancy period for all quarters, except a quarter reserved for a particular post, shall be 5 years.
- An officer who has been allocated a government quarters should return the official quarters at the time of retirement.
- If he overstays his tenure, he will be charged a penal rent for that period. (Penal rent = 8%(eight) of the officer's salary + current market rent of the quarters as assessed by the Valuer)
- If an officer does not vacate the quarters despite the orders given him to vacate, he should be evicted from the house under the Government Quarters (Recovery of Possession) Act (No. 7 of 1969) as amended by Act No. 03 of 1971 and Act No. 40 of 1974.

**Application for Government Quarters**  
**(Scheduled / Unscheduled)**

01. Name of the applicant: -.....
02. Present post: -. ....
03. Official Address: -. ....
04. Permanent Address: -.....
05. Temporary Address: -.....
06. Phone Numbers and Email: -.....
07. Date of transfer to that place of work: - .....
08. a) Salary Scheme: .....
- b) Current monthly salary and salary increment date.
- c) You are applicable to: S. Doctor / Doctor / Nursing / Para medical/ Other.
09. Which kind of quarters do you need for your residence?
- a) S. Doctor quarters
- b) Doctor quarters
- c) Nursing / Para medical / Other quarters
- d) Junior Employees' quarters
10. Are you married / unmarried:
- a) If you are married, will your spouse stay with you at service station?
- .....

- b) Number of children dependent on you and their age

S./ no.	Name	Age	Gender

- c) Details of the residence of your spouse .....
- Is your spouse in government service? .....
- If so, the details and the period of service: .....

11. Do you or your spouse own a home within 7 miles from the service station?  
(Should be certified by a Grama Niladhari Certificate counter signed by the Divisional Secretary)

.....

12. Other:

I hereby inform that the above mentioned particulars are true and I shall inform if any changes occur in that regard.

Date: ..... ..

Signature of the applicant

**Certificate from the Head of Institution**

I approve / do not approve the granting / inclusion in the waiting list of .....  
Quarters.

Date: ..... ..

Signature of the Head of Department /

Institution

Conditions agreed upon for residence in a government quarters of .....  
situated in ..... belonging to the ..... Secretary

I, ..... bearing the National Identity Card number  
..... and being employed at .....,  
do hereby accept the following conditions imposed with regard to the government quarters of  
..... situated in ....., handed over to me on ..... by the  
letter no..... of ..... for a period of ..... year/s. As per the  
said conditions, I agree to accept the government quarters from the date of ..... in  
terms of the Establishments Code and Financial regulations of the Republic of Sri Lanka  
being subject to provisions referred therein. I am also aware that violation of the following  
conditions will be subject to formal disciplinary action by the court or under the misuse of  
state property referred to in Appendix 1 of Chapter 48 of the Establishments Code.

1. I agree to return the possession of the government quarters reserved for me from  
.year/s ..... to ..... on ..... upon completion of a period of .....



2. I agree to duly return all the items mentioned in the list when accepting the quarters including the doors, windows, door locks and all electrical appliances, plumbing, faucets, cisterns and sinks.
3. I also promise not to do any alteration what so ever which may change the original plan of the quarters prevailing at the time of taking over the quarters, to add rooms that could damage the building, or to make changes so that possession could not be handed over.
4. I shall return the entrance gate, the wire fence and the trees therein without any damage or disposal.
5. I agree to duly pay the monthly rent, water bills and electricity bills. If there is any default, I will pay that on lump sum payment while on public service or retirement. Otherwise I promise to pay the government out of my salary, pension or spouse's salary.
6. I agree not to allow any kind of married / unmarried / outsiders other than family members to reside in this quarter without the written consent of..... I am aware that act in contravention of the said condition shall be result in punishment imposed by the courts or by the Secretary to the Ministry of Health.
7. I promise to return the possession of this quarter at the end of the due period or before or at any time upon the notice to return the possession.
8. I also pledge that this quarters will not be used as any other source of income or leasing except for residence of me, spouse and children.
9. I agree that this quarter will be used only for the agreed purpose and will be returned at any time (with due notice) upon request.
10. I agree that I accept the scheduled quarters of ..... which had been in excess due to the vacancies in the post or as the officer does not require an official quarters and in case the relevant scheduled quarters is requested by the officer entitled of the same, I shall take necessary measures to return the relevant quarters within 30 days from the said request.
11. I acknowledge that the Secretary to the Ministry of Health has the power to act under the Government Quarters (Recovery of Possession) Act (No. 7 of 1969) as amended by Acts No. 03 of 1971 and No. 40 of 1974, if the above conditions are not met.

Declaring that I have read and understood the above conditions and the information given in applying for the quarters are correct and being aware that I shall be subject to disciplinary action if I make a false statement, I hereby sign and extend my consent on this ..... day of ..... at the ..... office.

Date : .....

Resident : .....

Name : .....

Post : .....

National Identity Card Number : .....

According to the terms and conditions agreed by the above resident, I reserve the quarters bearing ..... situated at ..... from ..... to ..... for residence.

Date : .....

.....

Head of the Institution

Copies:-

1. Accountant - To recover the due rent of the quarters from the monthly salary
2. Housing Manager / Warden - For necessary action

## Application for Government Quarters - Evaluation Sheet

Name of the officer :.....  
Post :.....  
Department and Division served :.....  
Service period as a Public Officer :.....

### Criteria :

1. For each month for which the name is on the waiting list  
(01 mark per month, for ..... months) ☐
2. For each child living with the applicant  
(Sons under 18 and unmarried daughters - Maximum 05 marks) ☐
3. For unsatisfactory housing conditions:
  - I. The distance between the confirmed place of residence and the place of work is more than 50Km ☐
  - II. Spouse not having a permanent job ☐
  - III. Reside in a rented house / Spouse or the relevant officer does not have a permanent house within the district ☐
4. To report to work regularly or frequently at night as required by duty requirement
  - I. Being a Staff Officer (03 marks) ☐
  - II. Being an officer with other requirements (02 marks) ☐
5. For officers with disabled children (maximum 05 marks) ☐
6. Officers with elderly parents (03 marks per person to maximum 06 marks) ☐

**(21)**

## **Public officers to Issuing Railway Holiday Warrants**

### **Objective**

Provide free travelling for the public officers who are entitled with railway warrants to spend holiday with their families.

### **Qualifications and Applicability**

Three (3) sets of railway holiday warrants can be issued per calendar year as first class for the officers of staff grade and secondary grade, and second class for the officers of primary grade.

### **Required Documents and Reports**

- Form General 21
- When the spouse is also a public officer, certificate that the railway holiday warrants issued by the institution where the spouse is employed will not be issued
- Confirmation obtained from the Grama Niladhari to ensure that he is permanently dependent

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## **Awarding Benefits under the Agrahara Insurance Scheme for Permanent Public Officers**

### **Objective**

Grant the benefits of Agrahara Insurance coverage to the public officers without a delay.

### **Qualifications and Applicability**

Citizens referred under Section 12 of the National Insurance Trust Fund Act No. 28 of 2006, including the permanent government officials who are members of Agrahara Insurance are entitled to benefits.

Should have registered for normal or gold or silver insurance scheme.

In order to obtain entitled benefits, the duly perfected application form should be submitted as per the instructions given in Annexure I.

01. A permanent public officer and a member of the family
02. Children under the age of 21, unmarried, unemployed
03. The parent of the insured (Mother / Father - Should be below 70 years of age)
04. Spectacles are paid only to the insured once in 03 years.
05. To claim accident insurance benefits, the accident should not be due to the fault or negligence of  
the officer and it should be in the following cases:
  - a) While proceeding for duty from home or returning from duty to home
  - b) During the actual performance of his duties
  - c) While proceeding for a duty from the service station or returning from a duty to the service station

(Entitled to benefits for hospitalization, heart surgery, childbirth, spectacles, cancer / kidney diseases and accidents.)

Documents to be submitted to the Insurance Trust Fund Office to claim the benefits under the Agrahara Insurance Scheme by the public officers whose service has been confirmed.

1. Relevant application form
2. A photocopy of the marriage certificate for the spouse

3. Photocopies of birth certificate for children
4. A photocopy of the insured's birth certificate
5. A photocopy of the birth certificate or National Identity Card of the mother and father
6. A letter from the Head of the Institution certifying the unmarried state
7. Original or certified copy of diagnosis card
8. If it is a private hospital, original and certified copies of deposit receipts, receipts and final bill
9. Certified copy of birth details sheet or pregnancy record sheet (date of admission and date of discharge should be mentioned)
10. Prescription of the eye test with doctor's signature and official stamp for spectacles
11. Receipt of payment for provision of spectacles should have the marking "PAID" and the official stamp of the institution.
12. A certified copy of the preliminary investigation report
13. Certified copies of the letters used to prepare the preliminary investigation report  
(Statements of two eyewitnesses / police reports / case reports)
14. Certified copies of the salary particulars of the month in which the accident occurred
15. Letter confirming the annual salary as at the date of the accident after completing the due salary increments / salary conversions for the relevant month, if there are any.
16. A certified copy of the History Sheet
17. A copy of the death certificate

### Checklist

Serial No.	Description	Available	Not available
1.	Covering letter		
2.	Relevant application form		
3.	A photocopy of the marriage certificate for the spouse		
4.	Photocopies of birth certificate for children		
5.	A photocopy of the insured's birth certificate		
6.	A photocopy of the birth certificate or National Identity Card of the mother and father		
7.	A letter from the Head of institute to confirm unmarried		

	status		
8.	Original or certified copy of diagnosis card		
9.	If it is a private hospital, original and certified copies of deposit receipts, receipts and final bill		
10.	Certified copy of birth details sheet or pregnancy record sheet (date of admission and date of discharge should be mentioned)		
11.	Prescription of the eye test with doctor's signature and official stamp for spectacles. Receipt of payment for provision of spectacles should have the marking "PAID" and the official stamp of the institution.		
12.	A certified copy of the preliminary investigation report		
13.	Certified copies of the letters used to prepare the preliminary investigation report		
14.	Statements of two eyewitnesses / police reports / case reports		
15.	Certified copies of the salary particulars of the month in which the accident occurred		
16.	Letter confirming the annual salary as at the date of the accident after completing the due salary increments / salary conversions for the relevant month, if there are any.		
17.	A certified copy of the History Sheet		
18.	A copy of the death certificate (if deceased )		

Sources:

- i. Public Administration Circular No. 5/97
- ii. Pub. Admin. Circular 12/2005, 12/2005 (I) ,12/2005 (II), 12/2005 (III), 12/2005 (IV)
- iii. National Insurance Trust Fund Act No. 28 of 2006
- iv. National Insurance Trust Fund (Amendment) Act No. 28 of 2006



## National Insurance Trust Fund Board

Application Form to apply for the New Insurance Scheme introduced as per Public  
Administration Circular 12/2005(VI)

Membership No.  
(For office Use only)

01. Full name with Surname :-.....

02. Private Address :- .....

03. National Identity Card No:-.....

04. Current Post :-.....

05. Telephone No of the Contributor: - Mobile:..... Office :.....

06. Name of the Ministry/ Department/ Provincial Council :-.....

07. Office Address :-.....

08. Present Agrahara Insurance Scheme :

Normal Scheme ☐ Silver Scheme ☐ Gold Scheme ☐

09. Agrahara insurance Scheme to wish you would like to make contribution

Silver Scheme ☐ Gold Scheme ☐

Recommendation of the Head of the Institution

Name :-.....

Post :-.....

Signature :-.....

(Please place the official frank)

No.95, Chittampalam A Gardiner Mw, Col 02.  
Tel: 0112-026600 Fax: 011-2323006

E-Mail: mail@nitf.lk  
Website: www.nitf.lk





## National Insurance Trust Fund



### Medical and Personal Accident Insurance Scheme Claim Form

Your Claim relates to -  
(tick (✓) the relevant cage)  
Hospitalization:

Child Birth	Spectacles	Heart Surgery	Cancer/ Other ailments	Govt. Hospital	Private Hospital
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For office Use:  
Claim No.:

Inform Via  
SMS ☐ OR  
Post ☐  
(Please tick the medium)

Select your Agrayaha scheme ☒

Agrayaha Normal Rs.125/-	Silver Rs.300/-	Gold Rs.600/-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please read the instructions attached before filling-up the Application Form)

#### 1. Particulars of the Applicant:-

1.1. Name in Full (Rev/Mr/Mrs/Miss) .....

1.2. National Identity Card No:-

(Certified Photo copy of the NIC should be attached)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

1.3. Private Address (In Block Letters): .....

1.4. The address to which the application should be sent: - .....

1.5 Telephone No:- Official: ..... Private: .....

1.6 E-mail address:-

#### 2. Particulars of the Occupation:-

2.1 Designation:- .....

2.2 Name and Address of the Institution: .....

2.3 If a service transfer has been ordered this year, state the Name and Address of the Previous place of work:-

Address: No.77, Mandana Road, Colombo 10.  
Telephone No: 0114 823901, 0114 603487-8  
Fax No: 0112 431145

Website: [www.nitf.lk](http://www.nitf.lk)

E-mail: [mail@nitf.lk](mailto:mail@nitf.lk)

**3. If spouse is a recipient of Agrahara benefits:-**

3.1 Name: - .....

3.2 National Identity Card No: - .....

3.3 Name and Address of work place:-: .....

3.4 Designation: - .....

**4. Insurance benefits are claimed for -**

(tick (✓) the relevant cage)

4.1 You ☐ Spouse ☐ Children ☐ Father ☐ Mother ☐

4.2 If not for you, particulars of the relevant members:

4.2.1 His/Her name: - .....

4.2.2 His/Her date of birth: - ..... Age: - .....

4.2.3 Occupation: - .....

**5. Particulars of Medical Treatment:-**

5.1 Sickness or Surgery .....

5.2 Expected claim amount .....

**6. Particulars of Bank Account:-**

(Must be a Bank Account in the National Savings Bank, Peoples' Bank, Bank of Ceylon, Sampath Bank, Commercial Bank, Seylan Bank, Horton National Bank, Nations' Trust Bank, National Development Bank, Pan Asia Bank, Hong Kong and Shanghai Bank or Standard Chartered Bank)

6.1 Your name given the Bank Account: .....

6.2 Account No. 

--	--	--	--	--	--	--	--	--	--

6.3 Name of the Bank ..... Branch .....

**7. Has the amount of this claim reimbursed by or applied from any other institution -**

**If so,**

7.1 Name and Address of such institution .....

7.2 Amount Paid .....

7.3 Claim / Reference No.....

**8. Details of benefits you have obtained under the Agrahata Insurance Scheme-**

Type of Claim	Date	Amount received
Spectacle	.....	.....
Child birth	.....	.....
Any other sickness/Surgery	.....	.....

**9. Declaration of Applicant:**

I declare that the particulars given above are true and correct and I have not as per Para 07 above made Application to any other Insurance institution of scheme.

I also declare my spouse has not made a claim or applied for any benefit in this regard. I am aware that any Officer found guilty of tendering bogus documents as per Section III of the PA Circular No. 12/2005.

He/ She is liable to face action against him/ her under provisions of Chapter XLVIII of Volume II of the Establishment Code and the Provisions of the Criminal Procedure Code.

I request that the amount for the claim be credited to the Bank Account stated under Section No. 06 above.

Date: .....  
Signature of Applicant

**10. Certification of the Head of the Institution -**

My No: - .....

I hereby recommend and forward the Insurance Claim of Mr/Mrs .....  
Whose particulars are given above for necessary action. I certify that the particular give above are correct as supported by the information available in his/her Personal File. The contribution for month of .....  
which being the month before the month he left Hospital after treatment, gad been charged and credited to the National Insurance Trust Fund Account No. 033-2-001-2-2467951 of the Queens Branch of the Peoples' Bank by Cheque No. .... of ..... Branch Bank of the ..... Bank, the amount of send cheque having also incorporated into the said contribution of his/her for the month previous to the month he/she left Hospital after treatment.

Signature: .....  
Name: .....  
Designation: .....  
(Affixing official seal is essential)

Date: .....

**11. Should be filled by the Medical Officer/Surgeon of the patient.**

11.1 Name of the Patient: .....

11.2 Diagnosis of disease: .....  
.....

11.3 Period unable to attend to usual business/works:

From: - ..... To: - .....

11.4 If admitted to the hospital, Date of admission.....

Date of discharge.....

I hereby certify that I am Medical Officer/Surgeon of the above named patient and approve submission with regard to this claim.

Date: - .....

.....  
Signature of Medical Officer/Surgeon

**Instructions for filling-up Application form:**

**Form No. A I. Hospitalization and Surgery undergone:**

Heart Operation, Child birth, Spectacles, treatment for ailments such as for Kidney trouble, cancer only.

1. The Application to the National Insurance Trust Fund should be submitted within 90 days of Leaving Hospital.

2. In all correspondence you have with us, it is necessary that the NIC No. should be stated legibly and correctly.

3. When copies of documents are sent they should be certified by the Head of the Institution.

**4. If both Husband and Wife are insured,**

(a). The claim should be submitted by the patient with Insurance Cover.

(b). As regards children of member claim to be made only by one Parent.

**5. When claiming for dependants –**

Certified copies of Photostat of following documents should be sent:

(a). For Spouse – Photostat of Marriage Certificate.

(b). For Children – Photostats of Birth Certificates.

(The child should be unmarried and less than 21 years of Age)

**If the Insured Person is an unmarried person –**

For Mother/Father of Insured person – should be less than 70 years.

- Certified Photostat of birth certificate of the Insured person.

- A Photostats of birth certificate or NIC of Mother/Father.

- A letter from Head of Institution certifying the unmarried state.

- A certificate from Grama Sewa Niladari counter signed by the Divisional Secretary to the effect that Mother/Father depend on the Insured person and he/she has no means of income.

6. If for the reason Insurance benefit is sought, Insurance benefit has been received from some other Institution, along with a letter stating such amount received should be sent Photostats of all Invoices/Bills/Receipts received.

**7. Following documents should be forwarded together with the duly perfected Application:**

**(a). In connection with any instance of hospitalization or performance of surgery, Heart Operation/Treatment for ailment such as cancer.**

- The original Diagnosis Card or a certified copy of it. (If should contain the name of patient, date of admission and date of discharge, the signature of the doctor who treated with the Official Stamps)

- In case of private hospital, the Deposit Receipts, final bill of payment (Amount receipt), Detailed Bill (Final Bill) originals of other receipts and Invoices (Originals with alteration of name, date etc., will not be accepted.)

- Where treatment is obtained from private hospitals all expenses should be stated in detail. Payments to specialist Doctors and other doctors should be given separately.

- Where treatment is obtained from private hospitals, certificate of the Doctor relating to question no. (II) is essential.

- In case of a heart operation, the letter of recommendation of Doctor for such operation.

**(b). For child birth (Payment will be made only for two occasions)**

- In addition to the above given documents a certified Photostat of the Birth certificate of the child or a certified copy of the birth detail card.

- If in a government hospital the Diagnostic Card is not made available, a certified copy of the pregnancy notes report. (Dates of admission and Discharge should be given)

**(c). For Spectacle: (Should produce originals) answering question No. 3, 4, 7, 11 not necessary.**

- If a private doctor has done the eye test the receipt of payment for channeling and prescription. (Should contain signature of the official stamp of the doctor)

- If eye test was done in a government hospital, the prescription. (Should contain the signature of the medical officer and the official stamp.)

- The receipt of payment for provision of spectacles should have the marking "Paid" and the official stamp of the Establishment. (Only the Insured Person will be paid once in 3 years)

**Please note that by providing all required documents at once with the duly perfected entitlement application, speedy benefits could be obtained under the Agrahara Benefit Re-imbursement Scheme.**

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## **Granting Compensation when a Permanent Public Officer met with an Accident**

### **Objective**

Provide financial relief to the public officers in the event of an accident.

### **Qualifications and Applicability**

01. Being a permanent public officer
02. The accident should not be due to the fault or negligence of the officer and it should be in the following cases:
  - a) While proceeding for duty from home or returning from duty to home
  - b) During the actual performance of his duties
  - c) While proceeding for a duty from the service station or returning from a duty to the service station
  - d) Due to a terrorist attack in the above cases

### **Relevant documents**

- I. Covering letter
- II. Relevant application
- III. A copy of the letter confirming the appointment
- IV. A certified copy of the preliminary investigation report
- V. Certified copies of letters used to prepare the preliminary investigation report
- VI. (Statements of two eyewitnesses / police reports / case reports / attendance documents etc.)
- VII. Certified copies of the salary particulars of the month relevant to the date of the accident
- VIII. Letter confirming the annual salary as at the date of the accident after completing computation of due salary increments / salary conversions for the relevant month, if there are any
- IX. A certified copy of the History Sheet
- X. Medical Board Reports (General 142, General 142 “a”)
- XI. Report issued by the Grama Niladhari and certified by the Divisional Secretary confirming the address if the accident occurred while reporting for duty / returning home after completing the duties
- XII. Copies of medical certificates

### **If the officer died in the accident,**

- i. Death certificate
- ii. Post mortem report
- iii. Reports issued by the Grama Niladhari certified by the Divisional Secretary on Dependents
- iv. Marriage certificate

- v. In case of a previous marriage of the officer, divorce certificate or death certificate
- vi. Birth certificates of children
- vii. If unmarried, birth certificate and marriage certificate of parents

### Checklist

Serial no.	Description	Available	Not available
1.	Covering letter		
2.	Relevant application		
3.	A copy of the letter confirming the appointment		
4.	Certified copies of letters used to prepare the preliminary investigation report (Statements of two eyewitnesses / police reports / case reports)		
5.	Certified copies of the salary particulars of the month relevant to the date of the accident		
6.	If salary increments / salary conversions are required for the month relevant to the date of the accident, the letter confirming the annual salary on that particular day after performing those functions.		
7.	A certified copy of the History Sheet		
8.	Medical Board Reports (General 142, General 142 “a”)		
9.	Report issued by the Grama Niladhari and certified by the Divisional Secretary confirming the address if the accident occurred while reporting for duty / returning home after completing the duties		
10.	Copies of medical certificates		
11.	Death certificate		
12.	Post mortem report		
13.	Reports issued by the Grama Niladhari certified by the Divisional Secretary on dependents		
14.	Marriage certificate		
15.	Divorce certificate or death certificate if the officer had a previous marriage		
16.	Birth certificates of children		
17.	If unmarried, birth certificate and marriage certificate of parents		
Prepared by		Checked by	
Signature:.....		Signature: .....	
Name :.....		Name: .....	
Designation:.....		Designation: Chief Public Health Management Assistant	

Signature of Hospital Secretary /AO

Name.....  
.....  
.....

## **Application for Compensation / Allowance for Injury**

1. Full name of the applicant: - .....
2. National Identity Card Number: - .....
3. Permanent address: - .....
4. Department of Employment: - .....
5. Position held on the day of injury: - .....
6. Whether the applicant is confirmed in the present post: -.....
7. Office address: - .....
8. Home address from where he reports to duty: - .....
9. Date, time and place of injury / accident: - .....
10. Nature of accident: - .....
11. Did the accident occur during the actual performance of duty? While proceeding for duty? While returning after duty: - .....
12. Date of Birth: - .....
13. Age of the applicant on the day of injury / accident: - .....
14. Last Date of Service: - .....

(Explain if there is a difference between the last working day and the date of injury.)

I certify that the above mentioned particulars are true.

.....

Signature of the applicant

## **Report of the Head of the Department**

15. Date of Accident: - .....
16. Date on which the applicant was presented to the Medical Board: - .....
17. If there is a difference between those dates, the reason: - .....
18. At the date of the accident, his/her monthly salary or;  
Daily Salary : - .....  
Combined Salary : - .....  
Special allowances : - .....  
a. Annual salary relevant for compensation: - .....  
b. Have the salary and increments been paid up to the date of the accident? If not, please provide details: - .....



19. a. Preliminary investigation report including the conclusion of the investigating officer and the evidence of the victims: - .....

b. Report of the Medical Board: - .....

20. Medical leave received: - .....

21. Recommendation of the Head of Department: -

I am satisfied that the applicant has met with this accident during the actual performance of duty / while proceeding for duty / while returning after duty

Prepared by:

Name of the officer:

Signature:

Checked by:

Name of the officer:

Signature:

Date: - ..... Head of the Department.

Recommendation of the Committee for the payment of Compensation: -

.....  
.....  
.....

### **Application for compensation for the officers who died while on duty**

1. Full name of the deceased officer: - .....

2. National Identity Card Number: - .....

3. Age as at the date of death and date of birth: - .....

4. Position held at the time of death: - .....

5. Whether he was confirmed in that post: - .....

6. Last date of service: - .....

7. Address of the place from where the deceased came for duty: - .....

8. Date, time and place of accident / death: - .....

9. Nature of accident: - .....

10. Did the accident / death occur during the actual performance of duty? While proceeding for duty? While returning after duty? - .....

11. Salary as at the date of accident / death: - .....

Consolidated: - .....

Special allowances: - .....

12. Annual Salary applicable for the payment of compensation: - .....

(Have all the salary and increments been paid up to the date of the accident / death? If not, provide details)

13. Name of the widower / mother of the deceased officer: - .....

14. Names of other dependents (if any), age and their relationship to the deceased officer: -  
.....

15. Permanent address of dependents: - ..... ..

16. The following documents are attached.

a. Preliminary investigation report

b. Medical Board Report 1 and 2

c. Death certificate

d. Report of the Divisional Secretary on dependents

e. Marriage certificate

f. If the officer had previous marriages,

i. Divorce or death certificates

ii. Birth certificates of children

I am satisfied with the particulars provided in proof that the applicant has met with this accident during the actual performance of duty/ while proceeding for duty / while returning after duty and hereby certify that the above mentioned particulars are true and correct.

Prepared by:  
Name of the officer:  
Signature:

Checked by:  
Name of the officer:  
Signature:

Date: - .....

.....

Head of the Department

#### Sources

- I. Public Administration Circular No. 346, 08.10.1986
- II. Public Administration Circular No. 21/88, 13.07.1988
- III. Public Administration Circular No. 59/89, 1989.11.30
- IV. Public Administration Circular No. 22/93, 21.09.1993 and amendments made thereto

(24)

## **Procedures to be followed when approving leave for a Public Officer to be spent in the island or to be spent out of the island**

### **Objective**

Fulfill the officer's request by implementing the expected leave within the specified procedure.

### **24.1 No-pay leave for study abroad**

Qualifications to be fulfilled and applicability

1. Officer should have submitted a request
2. Should have fulfilled the requirements mentioned under Section 16 of Chapter XII of the Establishments Code
3. Should have obtained the recommendation of the Head of the Department
4. If the officer is bound to an obligatory period of service, completion of the said period

Documents Required

- Request of the officer along with the form General 126
- Original of the letter issued by the relevant institution that the particular officer has been selected for the study course
- Letters of concurrence for covering up duties
- Letter to confirm the condition of service (Permanent/ Temporary)
- Appendix 9 of the Establishments Code (In case of an officer whose appointment has not been confirmed, Appendices 9 and 15 )
- Certification to affirm that there are no court proceedings and disciplinary actions against the officer
- Certification to affirm that audit queries or any other special duties have not been assigned

### **Checklist**

Serial No.	Description	Available	Not Available
1	Request letter of the officer		
2	Original of the letter issued by the relevant recognized institution that the particular officer has been selected for the study course		
3	Certification to affirm that the officer has not obtained study leave in abroad earlier		
4	Recommendation of the Head of the Department that the Training/ Course is relevant for due performance of the Departmental work or for the promotional prospects of the officer		
5	No scholarship procedure is available in the Department for this Training/ Course		
6	No facilities are available in the country for this Training/ Course		

7	Certification that sufficient foreign exchange is available (obtained from the Controller of Exchange) (to be considered at the final assessment)		
8	Letters of concurrence for covering up duties		
9	Recommendation of the Head of the Department		
10	Appendix 9 of the Establishments Code (In case of an officer whose appointment has not been confirmed, Appendices 9 and 15 )		
11	Letter to confirm the condition of service (Permanent/ Temporary)		
12	Certification to affirm that there are no court proceedings and disciplinary actions against the officer		
13	Certification to affirm that audit queries or any other special duties have not been assigned		
14	Record on the earned leave		
15	Records on the loan balances/ other charges		
16	Arrangements made to properly recover the loans/ other charges		
17	Reports on the Agreements, Bonds with the government		
Prepared by		Checked by	
Signature: .....		Signature: .....	
Name: .....		Name: .....	
Designation: .....		Designation: Chief P.H.M. Assistant	

Administrative Officer/ Hospital Secretary

Name :- .....

Designation: - .....

**Document which should be submitted along with the leave application:-**

Leave abroad (study/ employment/ study and employment and personal with pay/ no-pay)

1. Name and designation .....
2. Service station .....
3. Whether the appointment is permanent/ temporary/ other .....
4. Date of first appointment ..... Period of service ..... Date of confirmation in service .....
5. Date of birth: Year ..... Month ..... Date .....
6. National Identity Card number .....
7. Period for which the leave is requested: from..... to ..... Years ..... Months ..... Days .....
8. Country to which you are travelling and address/ contact no. ....

9. Purpose (Cut off unnecessary words)
  - 9.1 Study/ employment with-pay/ no-pay
  - 9.2 Personal with-pay/ no-pay
  - 9.3 Other: .....
10. Arrangements made for covering up of duties: .....
11. Details if any special duties are assigned : .....
12. Whether the Head of the Department has recommended: .....
13. Whether the report pertaining to the previous foreign tour is attached: .....
14. Leave – abroad, obtained during the service period

From (date)	To (date)	Duration	Country travelled	Purpose
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

15. Declaration of the applicant

I certify that the particulars provided in this application are correct.

Date : .....

.....

Signature of the applicant

For office use only
---------------------

16. Particulars regarding the available vacation leave requested to cover the leave applied: .....

As per the request made by Mr./ Mrs./ Miss ..... holding the post of ..... for leave abroad from ..... to ....., I checked the particulars mentioned above and the Checklist no. .... and certify that the they are correct/ should be amended as .....

Accordingly, the full pay..... no-pay ..... half –pay ..... leave to spend out of the county for a period from ..... to ..... is submitted for approval.

Date: .....

.....

Signature of the Subject Officer

I recommend the full pay..... no-pay ..... half –pay ..... leave to spend out of the county for a period from ..... to .....

Date : ..... .....

Administrative Officer/ Hospital Secretary  
Signature (Official frank)

Special duties such as Procurement Committees/ Technical Evaluation Committees/ Training Programmes have / have not been assigned. I recommend the full pay..... no-pay ..... half –pay ..... leave to spend out of the county for a period from ..... to ..... as described above / I do not recommend due to the reasons mentioned above.

Date : ..... .....

Signature of the Head of the Department  
(Official frank)

For the use of Ministry of Health only

**Additional Secretary**

I recommend/ do not recommend the leave mentioned above

Date : ..... .....

D.D.G/Senior Assistant Secretary

**Secretary**

I recommend/ do not recommend the leave mentioned above

Date : ..... .....

Additional Secretary

**Hon. Minister**

I recommend/ do not recommend the leave mentioned above

Date : ..... .....

Secretary

I approve/ do not approve the leave mentioned above

Date: ..... .....

Hon. Minister of Health

Source: Sections 14 and 16 of Chapter XII of the Establishments Code

## 24.2 No-pay leave for employment abroad

Qualifications to be fulfilled and applicability

1. The officer should have submitted a request
2. Should have fulfilled the requirements mentioned under Section 16 of Chapter XII of the Establishments Code
3. Should have obtained the recommendation of the Head of the Department
4. If the officer is bound to an obligatory period of service, completion of the said period

### Documents Required

- Request of the officer along with the form General 126
- Original of the letter issued by the relevant institution that the particular officer has been selected for the employment
- Letters of concurrence for covering up duties
- Letter to affirm the confirmation in service
- Appendix 10 of the Establishments Code
- Certification to affirm that there are no court proceedings and disciplinary actions against the officer
- Certification to affirm that audit queries or any other special duties have not been assigned

### Checklist

Serial No.	Description	Available	Not available
I.	Request letter of the officer		
II.	Original of the letter issued by the relevant recognized institution that the particular officer has been selected for the employment		
III.	Letters of concurrence for covering up duties		
IV.	Recommendation of the Head of the Department		
V.	Appendix 10 of the Establishments Code		
VI.	Letter to affirm the confirmation in service		
VII.	Letters and reports to affirm that disciplinary actions are available/ not available against the officer		
VIII.	Certification to affirm that court proceedings and/ or any other special duties are assigned		
IX.	Records on the loan balances/ other charges		
X.	Arrangements made to properly recover the loans/ other charges		
XI.	Reports on the Agreements, Bonds with the government		

Prepared by		Checked by
Signature: .....		Signature: .....
Name: .....		Name: .....
Designation: .....		Designation: Chief PHM Assistant

Administrative Officer/ Hospital Secretary

Name: - .....

Designation :- .....

### 24.3 No-pay leave for study and employment abroad

#### Qualifications to be fulfilled and applicability

1. The officer should have submitted a request
2. Should have fulfilled the requirements mentioned under Section 16 of Chapter XII of the Establishments Code
3. Should have obtained the recommendation of the Head of the Department
4. If the officer is bound to an obligatory period of service, completion of the said period

#### Documents Required

- Request of the officer along with the form General 126
- Originals of the letters issued by the relevant institutions that the particular officer has been selected for study and employment abroad
- Letters of concurrence for covering up duties
- Letter to affirm the confirmation in service
- Appendix 11 of the Establishments Code
- Certification to affirm that there are no court proceedings and disciplinary actions against the officer
- Certification to affirm that audit queries or any other special duties have not been assigned

#### Checklist

Serial No.	Description	Available	Not available
1.	Request letter of the officer		
2.	Originals of the letters issued by the relevant recognized institutions that the particular officer has been selected for study and employment		
3.	Letters of concurrence for covering up duties		
4.	Recommendation of the Head of the Department		
5.	Appendix 11 of the Establishments Code		
6.	Letter to affirm the confirmation in service		
7.	Letters and reports to affirm that disciplinary actions are available/ not available against the officer		
8.	Certification to affirm that court proceedings and/ or any other special duties are assigned		



9.	Records on the loan balances/ other charges		
10.	Arrangements made to properly recover the loans/ other charges		
11.	Reports on the Agreements, Bonds with the government		
Prepared by		Checked by	
Signature: .....		Signature: .....	
Name: .....		Name: .....	
Designation: .....		Designation: Chief PHM Assistant	

Administrative Officer/ Hospital Secretary

Name: - .....

Designation: - .....

#### 24.4 Personal leave with-pay/ no-pay (non-special)

##### Qualifications to be fulfilled and applicability

1. The officer should have submitted a request along with the form General 126
2. Should have obtained the recommendation of the Head of the Department

##### Documents Required

- Request of the officer along with the form General 126
- Letters of concurrence for covering up duties
- Letter to confirm the condition of service (Permanent/ Temporary)
- Certification to affirm that disciplinary actions are available/ not available against the officer
- Reports of legal proceedings pertaining to a matter relevant to the government
- Certification to affirm that any other special duties have not been assigned

##### Checklist

Serial No.	Description	Available	Not available
1.	Request letter of the officer		
2.	Three copies of the application prepared in Form General 126		
3.	Letters of concurrence for covering up duties		
4.	Concurrence of the Head of the Department		
5.	Letter to confirm the condition of service (Permanent/ Temporary)		
6.	Letters and reports to affirm that disciplinary actions are available/ not available against the officer		
7.	Reports on legal proceedings pertaining to a matter relevant to the government		
8.	Certification to affirm that other special duties have not been assigned to the officer (Eg. Technical Evaluation Committees/ Procurement Committees/ Legal proceedings and any other similar assignments )		
9.	Records on lapsed leave ( <u>only if applicable</u> )		

Prepared by		Checked by
Signature: .....		Signature: .....
Name: .....		Name: .....
Designation: .....		Designation: Chief PHM Assistant

Administrative Officer/ Hospital Secretary

Name :- .....

Designation :- .....

**Source:** Section 23 of Chapter XII of the Establishments Code

## 24.5 Full-pay/ no-pay study leave in the Island

### Qualifications to be fulfilled and applicability

1. Officer should have submitted a request
2. Should have fulfilled the requirements mentioned under Section 14 of Chapter XII of the Establishments Code for full-pay leave and should have fulfilled the requirements mentioned under Section 15 of Chapter XII of the Establishments Code for no-pay leave
3. Should have obtained the recommendation of the Head of the Department
4. If the officer is bound to an obligatory period of service, completion of the said period

### Documents Required

- Request of the officer along with the form General 126
- Copies of the letters issued by the relevant institution to affirm that the particular officer has been selected for the study course
- Letters of concurrence for covering up duties
- Letter to affirm the confirmation in service
- In case of full-pay leave, Appendices 08 and 15 of the Establishments Code and in case of full-pay leave, Appendix 09 of the Establishments Code
- Certification to affirm that there are no court proceedings and disciplinary actions against the officer
- Certification to affirm that audit queries or any other special duties have not been assigned

## Checklist

Serial No.	Description	Available	Not available
1.	Request letter of the officer		
2.	Copy of the letter issued by the relevant institution that the particular officer has been selected for the study course		
3.	Letters of concurrence for covering up duties		
4.	In case of full-pay leave, 02 copies of the Appendices 08 and 15 of the Establishments Code In case of full-pay leave, 02 copies of the Appendix 09 of the Establishments Code		
5.	Appendix 15 of the Establishments Code in case of a temporary officer or an officer whose appointment has not been confirmed		
6.	Prior approval obtained from the relevant authorities for this course		
7.	Recommendation of the Head of the Department (The officer is eligible for this course and it is relevant and useful for his field)		
8.	Letter to confirm the condition of service (Permanent/ Temporary)		
9.	Should have obtained the concurrence of the Secretary to the Subject Ministry in terms of 14.2 of Section 14 of Chapter XII of the Establishments Code in case of an officer on temporary basis or an officer under probationary period		
10.	Study leave in the Island obtained by the officer on previous occasions (Course, duration, institution )		
11.	Letters and reports to affirm that disciplinary actions are available/ not available against the officer		
12.	Reports to affirm that legal proceedings pertaining to a matter regarding the government <u>against the officer</u>		
13.	Certification to affirm that other special duties have not been assigned to the officer (Eg. Technical Evaluation Committees/ Procurement Committees/ Legal proceedings and any other similar assignments )		
14.	Records on lapsed leave <u>(only if applicable)</u>		
15.	Records on the loan balances/ other charges		
16.	Arrangements made to properly recover the loans/ other charges		
17.	Reports on the Agreements, Bonds with the government		

Prepared by		Checked by
Signature: .....		Signature: .....
Name: .....		Name: .....
Designation: .....		Designation: Chief PHM Assistant

Administrative Officer/ Hospital Secretary

Name: - .....

Designation: - .....

**Document which should be submitted along with the leave application:-**

Application for Full-pay/ no-pay Study Leave in the Island

Approval will be granted only for the courses relevant to the employment

1. Name and designation .....
2. Service station .....
3. Whether the appointment is permanent/ temporary/ other .....
4. Date of first appointment ..... Period of service ..... Date of confirmation in service .....
5. Date of birth: Year ..... Month ..... Date .....
6. National Identity Card number .....
7. Whether the leave requested is full-pay or no-pay study leave abroad or in the country .....
8. Period for which the leave is requested: from..... to ..... Years ..... Months ..... Days .....
9. Details on the academic course/training programme / scholarship pertaining to which you apply leave .....
10. The institution you have been selected to follow the academic course/training programme / scholarship: .....
11. Address/ contact number during the period of leave: .....
12. Arrangements made for covering up of duties: .....
13. Details if any special duties are assigned to you: .....
14. Whether the prior approval of the authorities concerned has been received for this course (Please attach): .....
15. Whether the Head of the Department has recommended: .....
16. Particulars pertaining to Study Leave in the Island/ abroad, obtained earlier (Course, duration, Institution)

Course	Institution	Duration
.....	.....	.....
.....	.....	.....

17. Declaration of the applicant

I certify that the particulars provided in this application are correct

Date : .....

.....

Signature of the applicant

For office use only

As per the request made by Mr./ Mrs./ Miss ..... holding the post of ..... for study leave in the island from ..... to ....., I checked the particulars mentioned above and the Checklist no. .... and certify that the they are correct/ should be amended as .....

Accordingly, the full pay..... no-pay ..... half –pay ..... leave for a period from ..... to ..... is submitted for approval.

Date : .....

.....

Signature of the Subject

Officer

I recommend the full pay..... no-pay ..... half –pay ..... leave for a period from ..... to .....

Date : .....

.....

Administrative Officer/ Hospital

Secretary

Signature (Official frank)

Procurement Committees/ Technical Evaluation Committees/ Training Programmes have / have not been assigned. As per the description above, I recommend/ do not recommend due to following reasons, the full pay..... no-pay ..... half –pay ..... leave for a period from ..... to .....

Date: .....

.....

Signature of the Head of the Department

(Official frank)

**Additional Secretary**

I recommend/ do not recommend the leave mentioned above

Date : .....  
.....  
Senior Assistant Secretary

**Secretary**

I recommend/ do not recommend the leave mentioned above

Date : .....  
.....  
Additional Secretary

**Hon. Minister**

I recommend/ do not recommend the leave mentioned above

Date : .....  
.....  
Secretary

I approve/ do not approve the leave mentioned above

Date : .....  
.....  
Hon. Minister of Health

**24.6 Special sick leave**

**Qualifications to be fulfilled and applicability**

1. The officer should be a Public Officer or a Judiciary Officer (Not an officer of the Armed forces) with or without a permanent and pensionable post.
2. The officer should have submitted a request.
3. The officer has contracted the particular illness :
  - I. Without his own default
  - II. In the circumstances specially attributable to the nature of his official duties
4. The Secretary to respective Ministry, upon the recommendation of a Medical Officer shall approve full pay leave for 6 months and thereafter for a further 06 months on half-pay. Such leave will not be counted against his normal quota of leave
5. An officer who is injured at an unexpected disaster while not being on duty, can apply for special sick leave as decided by the Director General of Establishment

**Documents Required**

- I. Request letter of the officer
- II. Application
- III. A certificate furnished by a Government Medical Officer to affirm that the illness was contracted in the circumstances specially attributable to the nature of his official duties
- IV. The Grama Niladhari's certificate with the certification of the Divisional Secretary at an instance of a special disaster

## Checklist

Serial No.	Description	Available	Not available
1.	Request letter of the officer		
2.	Specimen		
3.	Recommendation of the medical officer		
4.	Grama Niladhari Certificate with the counter signature of the Divisional Secretary		
5.	Recommendation of the Medical Board ( at a disaster)		
6.	Diagnosis card		
7.	Decision of the Head of the Department		
Prepared by		Checked by	
Signature: ..... Name: ..... Designation: .....		Signature: ..... Name: ..... Designation: Chief P.H.M. Assistant	

Administrative Officer/ Hospital Secretary

Name: - .....

Designation: - .....

## **Specimen Application to apply for Special Sick Leave**

1. Name of the Officer .....
2. Designation .....
3. Service station .....
4. Division in which the officer is attached .....
5. Duties assigned to the officer .....
6. Last date on which the officer reported to duty .....
7. Disease contracted .....
8. Duration of the illness .....
  - a) Whether the officer has contracted the illness due to his default :  
.....
  - b) or due to the nature of his job : .....
9. Whether the Government Medical Officer has recommended that the officer contracted the illness in the circumstances especially attributable to the nature of his official duties .....
10. If the officer was injured or has contracted an illness due to an unexpected disaster,
  - c) Date on which the disaster happened .....
  - d) Details on the disaster .....
  - e) Period of hospitalization: from ..... to .....

I certify that the particulars provided above are true and correct and the necessary documents are attached herewith.

Date : .....

.....

Signature of the applicant

I certify that the particulars provided above are correct.

Date : .....

.....

Signature and official frank of the

Administrative Officer

I certify that the particulars provided above are true and correct. I recommend/ do not recommend the request of the officer.

Date: .....

.....

Signature and official frank of the Head of the Department

**Source:** Section 9.2 of Chapter XII of the Establishments Code

## **24.7 Accident Leave**

### **Qualifications to be fulfilled and applicability**

1. The officer should be a Public Officer or a Judiciary Officer (Not an officer of the Armed forces) with or without a permanent and pensionable post/ holding a permanent and pensionable post or not a permanent and pensionable post.
2. The accident has taken place
  - I. While on duty
  - II. While not being on duty but during an action falling within the purview of normal duties
  - III. As a result of an action when performing duties
  - IV. While proceeding for duty from home or returning from duty to home
  - V. While proceeding for a duty from the service station or returning from a duty to the service station
  - VI. The accident has not breached any law or departmental order or regulation or not due to the recklessness of the Officer's Assistant
3. The Secretary to respective Ministry, upon the recommendation of a Medical Officer, shall approve full pay leave for 6 months and thereafter for a further 06 months on half-pay. Such leave will not be deducted from his normal quota of leave. In addition, the officer can also take his lapsed leave.

### **Documents Required**

- I. The letter by which the accident was informed
- II. Request letter of the officer applying Accident Leave
- III. Letter submitted by the Head of the Department certifying that the officer has met with an accident.
- IV. Certified copy of the Attendance Register or the Finger Print report to affirm the attendance of the officer on the day of the incident



- V. Certified copies of the medical reports
- VI. Two eye – witnesses
- VII. Report of the inquiry conducted by the Head of the Department
- VIII. Duly completed Form General 05
- IX. Certified copy of the Official Identity Card
- X. Certified copy of the National Identity Card
- XI. Certified copy of the report of the inquiry made by the Police
- XII. Report of the Medical Board

### Checklist

Serial No.	Description	Available	Not available
1.	Request letter of the officer		
2.	The letter by which the accident was informed		
3.	Form General 05		
4.	Letter submitted by the Head of the Department/ Relevant Authority certifying that the officer has met with an accident.		
5.	Report of the inquiry/ preliminary inquiry conducted by the Head of the Department		
6.	Certified copy of the Attendance Register or the Finger Print report to affirm the attendance of the officer on the day of the incident		
7.	Certified copies of the medical reports		
8.	Certified copy of the Official Identity Card		
9.	Certified copy of the National Identity Card		
10.	Certified copy of the report of the inquiry made by the Police		
11.	2 eye – witnesses		
12.	Report of the Medical Board		
Prepared by		Checked by	
Signature: ..... Name: ..... Designation: .....		Signature: ..... Name: ..... Designation: Chief PHM Assistant	

Administrative Officer/ Hospital Secretary

Name :- .....

Designation :- .....

### **Specimen Application to Apply for Accident Leave**

1. Full name of the applicant: .....
2. National Identity Card no: .....
3. Permanent address: .....
4. Department in which the officer is serving: .....
5. Post held on the date when the accident happened: .....
6. Whether the officer is confirmed in that post: .....
7. Details on the Injury / accident:
  - I. Date .....
  - II. Time .....
  - III. Place .....
  - IV. Nature of duty .....
8. Nature of the accident .....
9. The last date the officer reported to duty before the accident and the date he served last ..... (Explain if there is a difference between the date he served last and the date he met with the accident )
10. Duration for which the Accident Leave is requested from ..... to ..... Total no. of days .....
11. In case Accident Leave was requested earlier for the same accident, the period: from ..... to ..... Total no. of days .....

Date: .....

.....

Signature of the applicant

Source: Section 9.1 in Chapter XII of the Establishments Code

### **24.8 Maternity Leave**

#### **Qualifications to be fulfilled and applicability**

1. A female Public Officer appointed to a permanent, temporary, casual or an apprentice post who reaches her pregnancy due date.

#### **Documents Required**

1. Letter requesting full-pay/ half-pay/ no-pay maternity leave
2. Medical report/ birth certificate of the child
3. For the no-pay maternity leave – a letter from the female officer giving concurrence to pay the monthly installments of the loans and advances during the period of no-pay leave

### **Specimen Application to apply for Maternity Leave**

Address .....

Date .....

#### **Applying for full-pay/ half-pay/ no-pay Maternity leave**

Name .....

Post ..... Permanent/ Temporary/ Casual/ Apprentice

1. You are kindly requested to grant me full-pay maternity leave of 84 days from the date of delivery ..... (date) to ..... (Excluding Saturdays, Sundays and Public Holidays). (Medical Certificate or Birth Registration Entry, the Birth Certificate of the child is attached herewith.)

Or

2. The period of maternity leave I have requested will be ended by .....; hence you are kindly requested to grant me maternity leave of 84 days on half-pay basis from ..... to ..... (Including Saturdays, Sundays and Public Holidays).

Or

3. The period of Maternity leave on half – pay basis I have requested will be ended by.....; hence you are kindly requested to grant me maternity leave of 84 days on no-pay basis from ..... to ..... (Including Saturdays, Sundays and Public Holidays).

I give my concurrence to duly settle the loans and advances during that period, which I have obtained from the government

.....

Signature of the applicant

#### **Recommendation of the Supervisory Officer**

I recommend the full-pay/half-pay/no-pay maternity leave requested by the above officer for the period from ..... to .....

Date ..... .....

Signature (Name and Designation)

#### **Approval of the Head of the Department**

I approve the full-pay/half-pay/no-pay maternity leave requested by the above officer for the period from ..... to .....

Date ..... .....

Signature of the Head of the Department

Source: Section 18 in Chapter XII of the Establishments Code

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## **Taking action regarding a representation or an appeal submitted by a member of the public or a Public Officer in his private capacity**

### **Objective**

Taking actions in terms of the legal rules regarding a written petition or a representation

### **Qualifications and applicability**

A written representation or a petition, which has fulfilled the requirements below, should have submitted

1. Should have written in a polite language and in print or manuscript, which must be legibly written.
2. It was not in the hand writing of the petitioner, should place the thumb impression/ signature of the petitioner and the signature of the person who prepared it.
3. Should contain the full address of the petitioner or the person who prepared the petition.
4. It should be confined to representations on one subject.
5. It should contain every material statement and argument relied upon by the petitioner and should end with a specific request.
6. It should be addressed to recipient's official designation not to the personal address.
7. When satisfactory explanations have not been provided for delay, in case of a request against an order, it should have not exceeded 03 months upon issuing the order.
8. When such an appeal has been made earlier to the same and it had not been rejected.
9. If it had been rejected at an earlier occasion, whether sufficient reasons are available to consider it for a second time.
10. Whether it is against a decision which is declared to be final.
11. Whether it is pertaining to a case hearing before a court of law.
12. Whether it is case from a judgement of a civil action or from any order in a Civil Court.
13. Whether it is presented regarding a matter, the actions to be taken regarding which have already been informed earlier.
14. Whether it has been made in the first instance to the Secretary, without submitting first to the Head of the Department.

### **Relevant Documents**

01. Petition submitted
02. Documents in proof thereof
03. File/ files maintaining in the institution pertaining to the matters presented in the petition.

The subject officer should submit the above documents to the Head of the Department, through the Administrative Officer in order to take a decision on the petition

### **Source :**

- i. Chapter XXVIII of the Volume I of the Establishments Code
- ii. Chapter XLVIII of the Volume II of the Establishments Code
- iii. Bribery and Corruption Investigation Commission Act No. 19 of 1994

(26)

## **Custody, Preservation and Disposal of official documents of a Government Department**

### **Objective**

Handle the preservation or destruction of official documents in a formal manner

### **Qualifications and applicability**

1. The Head of the Department / the “Responsible Officer” as defined in Section 24 of the National Archives Law No. 48 of 1973 is responsible for the safe custody, management and prevention of all documents or papers in such public office under his charge.
2. Should transfer the public records not less than 25 years old from the date of their creation to the National Archives and should destroy valueless and ephemeral documents. The Head of the Department should consult the Director of the National Archives to prepare a schedule of records on such documents which should be transferred for preservation or that should be destroyed.
3. The valueless and ephemeral documents which have been approved for destruction should be destroyed only on the order and responsibility of the Head of the Department on a date fixed by him.
4. A schedule to be prepared on the records which should be transferred for permanent preservation or to be destroyed and should be sent to the Director, National Archives.
5. Should maintain a Record as per Annex 2 in respect of every document / record thus destroyed.
6. Documents referred by Annex 1 should not be destroyed

### **The documents which should not be destroyed**

- I. Correspondence with the Colonial Secretary’s Office prior to the establishment of the Parliament of Ceylon 1948;
- II. A document or record relating to the establishment, constitution and administration of the Department, appointment of officers and its winding up;
- III. A specimen of every new denomination of currency note or coin and any other document declared for purpose of permanent preservation;
- IV. A file relating to policy matters;
- V. A document or record relating to the implementation of the policy matters;
- VI. A record relating to any Commission or Committee appointed under the Commission of inquiry Act, Special Presidential Commission or any Committee of Inquiry appointed by the President or by a Minister or by Special Act of Inquiry passed by the Parliament;
- VII. A document or record relating to the achievement/performance of any public officer;
- VIII. A document or record relating to activities or schemes closed up by any public officer;
- IX. Evidence of rights or obligations of or against the government, title or property, claims for compensation not subject to a time limit;

- X. A record relating to a well-known public or international event or celebration or to other events of National importance;
- XI. A record relating to important scientific and technical research and development;
- XII. A record pertaining to matters of significant local and regional interest;
- XIII. A document relating to land and claims thereto and to the value of land and property, specially crown land, chenas, forests and other lands belonging to individuals or held in joint ownership;
- XIV. A document required by law to be preserved;
- XV. Any other record that may be required by the Director, National Archives;
- XVI. Documents which should not be destroyed in terms of the provisions of the Right to Information Act No. 12 of 2016.

**Particulars to be included in the Record maintained in respect of the documents/ records which are destroyed**

- 1. Name and date of the document or file
- 2. Subject
- 3. Period covered by the same
- 4. A brief summary, if the contents do not deal with routine matters
- 5. Reference to the letter granting authority for destruction
- 6. Mode of destruction (e.g. whether by shredding, burning or handing them over to the National paper Mills Corporation etc.)
- 7. Date of destruction

**Source:**

- I. National Archives Act No. 48 of 1973
- II. Amendment Act No. 30 of 1981
- III. Chapter XXVIII of the Volume I of the Establishments Code
- IV. Public Administration Circular No. 25/2008, Public Administration Circular No.8/2017 and amendments
- V. Gazette No. 313 dated 31.08.1984 of the Democratic Socialist Republic of Sri Lanka
- VI. Right to Information Act No. 12 of 2016 and amendments