දුරකථන) 0112669192 , 0112675011
தொலைபேசி) 0112694033, 0112675280
Telephone) 0112675449

ෆැක්ස්) 0112693866
பெக்ஸ்) 0112693869
Fax)0112692913

විද්‍යුත් තැපෑල)postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)
website)

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SUWASIRIPAYA

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எனது இல)
My No.) ETR/Mid.Tr/ 02/2026

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உமது இல)
Your No.)

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திகதி) 2026.11.06
Date)

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சுகாதார மற்றும் வெகுஜன ஊடக அமைச்சு
Ministry of Health& Mass Media

Deputy Director General / National Hospital of Sri Lanka / NH Kandy / NH Galle
Provincial Directors of Health Services
Regional Directors of Health Services
Directors of Teaching Hospitals / District General Hospitals
Directors of Specialized Hospitals
Medical Superintendents – Base Hospitals
Heads of the Institutions
Directors General of Health Services Sri Lanka, Army / Navy / Air Force
Director Medical Services, Sri Lanka Police Hospital

Midwifery Training for Nursing Officers – 2026

Ministry of Health has taken steps to initiate the Midwifery Training for Nursing Officers - 2026 at the Post Basic School of Nursing, Colombo. The duration of this training programme is one year and medium will be English. This training period consists of two components, an initial 06 months training at the College of Nursing, and another 06 months of institutional training. Applications are hereby invited from the Nursing Officers of Grade I, II, III and Supra who are presently serving in the Maternity Unit.

1. Required Qualifications:
   i. Age should be less than 50 years on 25th November 2026
   ii. Relevant applicants should be the nursing officers currently working in Maternity Units, who have not undergone any other Post Basic or in – service training, within a period of last 02 years.
   iii. Trained nursing officers should agree to serve compulsorily in Maternity Units for two years period. Before commencing of training programme each trainee, has to sign an agreement with the Ministry of Health in this regard. The relevant agreements will be sent to them in due time.
2. Selection of nurses for this training shall be done on the basis of service period served in a Maternity Care in the institution. When several applications are received from one particular institution, with the same service period, selection shall be done on the basis of the professional seniority.

3. On special request of the head of the institution, Deputy Director General (Education, Training & Research) an application may be considered into this training programme, on justifiable service need.
4. The travelling and other allowances for selected officers should be paid by the relevant Provincial Health Departments or by the institution as per the Establishment Code and Financial Regulations.
5. The training will be conducted at College of Nursing and selected Nursing Officers should compulsorily report to the College of Nursing, on the scheduled date for the training. If any nursing officer is unable to attend to this training on a reasonable ground, it should be informed to us through their Heads of the Institutions, before the commencement of training programme and next suitable officer from the relevant institution will be selected for this training, according to their service seniority in the unit.
6. It should be noted that selected candidates are entitled for 02 days leave per month (12 days during 1st 6 months time)
7. Applications should be prepared as per specimen from appended, duly certified by Head of Institution, and should be sent by registered post to the below mentioned address on or before 25th November 2026 through the Heads of the Institution.
8. If there are several applications from a head of the Institution should in writing, the number of nursing officers could be released for the training from his Institution.

   Deputy Director General (Education, Training and Research)
   Ministry of Health & Mass Media
   "Suwasiripaya"
   No.385, Rev.Baddegama Wimalawansa Thero Mawatha
   Colombo 10.

9. The words "APPLICATIONS FOR MIDWIFERY TRAINING FOR NURSING OFFICERS – 2026 should be written legibly on the top left-hand corner of envelop, where the application is enclosed. Applications, which are received after the closing date, will be rejected. The responsibility over applications that are lapsed or lost during the post will not be borne by Education, Training & Research Unit, Ministry of Health & Mass Media.

Dr. Asela Gunawardena
Director General of Health Services

Dr. ASELA GUNAWARDENA
Director General of Health Services
Ministry of Health and Mass Media
"Suwasiripaya"
Rev. Baddegama Wimalawansa Thero Mawatha
Colombo 10.

Copy:-

1. Secretary - Ministry of Health & Mass Media - f.y.i
2. Deputy Director General - (Admin II) - f.y.i & n.a
3. Director, Nursing- Education/Medical Services/Public Health Services - f.y.i & n.a
4. Principal - Post Basic School of Nursing, Colombo - f.y.i & n.a
5. Health Ministry web site - f.n.a

APPLICATION – MIDWIFERY TRAINING FOR NURSING OFFICERS - 2026

01	(a) Full Name with Initials	:			
	(b) Name denoted by Initials	:			
	(c) National Identity Card Number				
	(d) Date of Birth	:	(e) Age as at the closing date of the application (2026.11.25)	: Y…….M……D…...	
02	Address	:			
03	Telephone No.	(a) Official		(B) Mobile	
04	E Mail address	:			
05	Present Place of work	:			
	(a) Institution	:			
	(b) Province	:	(c) District	:	
06	Reg. No. In Sri Medical Council / Sri Lanka Nursing Council	:			
07	(a) Date of first (c) Appointment	:	(b) Service Period as at the closing date of the appointment (2026.11.25)	: Y…….M……D…….	
08	(a) Present Grade	:	(b) Date of appointment to the present grade		

09	Period of Service in Midwifery care unit			
	Institution	From	To	Period
				Y…. …M……D……
				Y…. …M……D……
10	Institution	From	To	Y…. …M……D……
				Y…. …M……D……

11	Whether attended to any in-service training (including Post-Basic) during last 02 years				
	Yes		No		
	If yes, the name of the training and the period Name: Period From: To:				
12	If you have already applied for any other training programme, mention below:				

Certification by the applicant

I hereby certify that the particulars given by me in this application are true and accurate and declare my consent to serve at least a two-year period in a Midwifery unit following the successful completion of this training.

I am also aware that in case I am selected for the above training, I shall enter into a bond and agreement with the Secretary as stipulated in the advertisement / circular.

If any information found to be incomplete or incorrect, I am fully aware that my application will be rejected or if found later, my traineeship will be discontinued and liable to recover the charges and other expenses whatsoever applicable according to the bond and agreement.

Date:

.....

Signature of the Applicant

Recommendation of the **Ward Sister / In charge Nursing officer**

I hereby certify that the applicant, Mrs./Ms. .....is working as ..... in the .....unit from .....to date.

Date:

.....

Signature of the Ward Sister / Nursing officer in charge

Recommendation by the **Supervising officer / CNO / Sp.Gra. No**

I hereby certify that /Mrs./Ms. ..... has continuous service period of ..... Years.....Months (to the closing date of Application) and is currently serving in a midwifery ward / have worked in a midwifery ward for a period of at least six months and aforementioned information true and accurate

Date.....

Signature of the CNO / Sp. Gra. No

Recommendation of the **Head of the Institution**

I hereby recommend / not recommend the application by Mrs./Ms. .....

I certify that particulars given by the applicant in this application are correct and his/her work and conduct is satisfactory / not satisfactory. If selected, he/she can be released to follow the training.

I agree / do not agree to attach the applicant to a midwifery ward two-year period after successful completion of the training.

.....

Date..... Signature of the Head of the Institution

Recommendation by the **Regional Director of Health Services'**

I hereby recommend / not recommend the application by Mrs./Ms. .....

If selected, he/she can be released to follow the training.

.....

Date..... Signature of the RDHS

Recommendation by the **Provincial Director of Health Services**

I hereby recommend / not recommend the application by Mr./Mrs./Ms. .....

If selected, he/she can be released to follow the training.

.....

Date..... Signature of the PDHS

Delete Inapplicable