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

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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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My No.) ETR/F/Psy.Tra/ 04/2026

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SUWASIRIPAYA

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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 of Medical Services Sri Lanka, Army / Navy / Air Force
Director Medical Services, Sri Lanka Police Hospital

Diploma in Mental Health and Psychiatric Nursing - 2026

Ministry of Health & mass media has taken to step to carry out a programme on Mental Health & Psychiatry for Nursing Officers, at the College of Nursing, Mulleriyawa. The duration of this training programme is 12 months and medium will be in English. This training consists of two components. First 06 months theory and clinical at College of Nursing, Mulleriyawa and the second 06 months as a institutional training. Applications are hereby invited from the Nursing Officers of Grade I, II, and III who are presently serving at the Psychiatry units/wards.

02. **Required Qualifications;**

- Age should be less than 48 years on 30th November 2026
- The applicants should be presently working in Psychiatry units/wards and have not undergone any other post basic in-service training within the last 03 years. The person who has already obtained Psychiatric Nursing training should be excluded.
- After this training programme, nursing officers should agree to serve in Psychiatric units/wards for 02 years in mandatory manner. Before commencing of the training programme each trainee has to sign an agreement with the Ministry of Health & Mass Media in this regard. The relevant documents pertaining to this agreement will be sent in due time.

03. Selection of nurses for this training shall be based on duration of service in Psychiatry units/wards in current institution. When there are several applications from a same institution, with similar service period, selection shall be done based on the carrier seniority.
04. The Head of the Institutions should inform the maximum number of Nursing Officers could be released for this training from his/her institution in the covering letter.
05. On special request of the heads of the Institutions to Deputy Director General (Education, Training and Research) an application may be considered in to this training programme, on justifiable service need.
06. The travelling and other allowances to the selected officers should be paid by the relevant Provincial Departments or by the institutions as per the Establishment Code and Financial Regulations.
07. Selected Nursing Officers should compulsorily report to the College of Nursing, Mulleriyawa on the scheduled date for the training. If any nursing officer is unable to attend to this training on reasonable grounds, 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, by the ET&R unit.
08. It should be noted that selected candidates are entitled for 02 days leave per month (12 days during 06 months time)
09. 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 30th November 2026 through the Heads of the Institution.

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

The words "**Diploma in Mental Health and Psychiatric Nursing – 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
Ministry of Health and Mass Media
"Suwasiripaya"
Rev. Baddegama Wimalawansa Thero Mawatha
Colombo 10.

Dr. Asela Gunawardena
Director General of Health Services

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 - College of Nursing, Mulleriyawa - f.y.i & n.a
5. Health Ministry web site - f.n.a

Diploma in Mental Health and Psychiatric Nursing – 2026

(a) Name with initials: .....;.....

(b) Name denoted by initials: .....

(c) National Identity card number: .....

02. Permanent Address: .....

.....

03. Telephone No.: Official: .....

Mobile: .....

04. Present place of work: TH/DGH/BH .....

Province: ..... District: .....

05. Reg. No. in Medical Council/Nursing Council: .....

06. (a) Date of Birth: ..... Age as at 30/11/ 2026: Y ..... M ..... D .....

(b) Date of Appointment as a Nurse:.....Service period as at 30/11/2026: Y..... M.....D.....

07. (a) Present Grade: .....

(b) Date of appointment to the present grade: .....

08. Continued service period in the Psychiatric units/wards

(a) In current working station: Y ..... M ..... D .....

(b) In previous working station: Y ..... M ..... D .....

09. Whether no-pay leave have obtained, if so the period: .....

10. Whether attended to any in-service training during last 03 years, the relevant training and period:.....

11. If you have already applied for any other in-service training programme, mention below: .....

.....

I hereby certify that the particulars given by me in this application are true and accurate and declare my compliance to be served at least 2 years period in a Psychiatric units/wards following the successful completion of this training. If any information is found to be incomplete or incorrect, I am fully aware that my application will be rejected.

Date: .....

Signature of the Applicant

Recommendation of the Ward Sister/In-charge Nursing Officer

I hereby certify that this nursing officer is working in Psychiatric units/wards from ..... to date.

Date: ..... Signature of the Ward Sister

Recommendation made by the Supervising Officer and confirmation of the service period attached to the present unit

I hereby certify that this nursing officer has obtained a continuous service period of .....Y .....M .....D….. and aforesaid information are true and accurate.

Date: ..... Signature of the Chief Nursing Officer

Recommendation of the Head of Institution

I hereby recommend / not recommend the application and agree / do not agree to attach this officer in a Psychiatric units/wards for 02 years period followed by the training.

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