Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S Y W Amaradiwakara

Base Hospital - Tangalle

951291269V

04. Index No.

0001

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

V G D Kavindi

Medical Officer of Health Office- Hikkaduwa

957851754V

04. Index No.

0002

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

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Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

P A L Navodya

Base Hospital - Tangalle

952581708V

04. Index No.

0003

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K G W Charuka

Teaching Hospital - Badulla

953161222V

04. Index No.

0004

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

W P S P Weerasinghe

Colombo North Teaching Hospital - Ragama

930273210V

04. Index No.

0005

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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2. Establishments Code			
3. Accounts			

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Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

M R N Madhuwanthi

Primary Medical Care Unit - panagama

925351130V

04. Index No.

0006

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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<u>Time Table – 06/09/2026</u>

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Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K S L Wijewantha

Teaching Hospital - Ratnapura

199618801498

04. Index No.

0007

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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Number of Identity Card: -.....

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

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02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

N D N Hapuarachchi

Teaching Hospital - Ratnapura

967822019V

04. Index No.

0008

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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Number of Identity Card: -.....

Date of Issued : -.....

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

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02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K M M P Dayawansa

Teaching Hospital - Ratnapura

199334902656

04. Index No.

0009

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

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Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

W J M N N Jayarathna

Teaching Hospital - Badulla

947513192V

04. Index No.

0010

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Anuradhapura

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

D S M Wijesinghe

Teaching Hospital - Anuradapura

970042300V

04. Index No.

0011

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K P S P Geethamali

Base Hospital - Udugama

199365202351

04. Index No.

0012

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

R A G V Ranaweera

District General Hospital - Avissawella

916362706V

04. Index No.

0013

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S J A R M Jayakody

National Hospital of Sri Lanka - Colombo

927790815V

04. Index No.

0014

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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2. Establishments Code			
3. Accounts			

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Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

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Admission Card

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02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

G C C D J Bandara

Sri Jayewardenepura General Hospital - Kotte

926760270V

04. Index No.

0015

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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Number of Identity Card: -.....

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

I A C Ilippuli

Divisional Hospital - Rakwana

199155300303

04. Index No.

0016

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

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Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

M H T P R Mahanama

Divisional Hospital - (C) - Palamkotte

935410363V

04. Index No.

0017

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

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02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S M N Jayasinghe

Base Hospital - Mankulam

926091093V

04. Index No.

0018

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

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Working Station:-																			
ID No :-																			

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Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

Lrm Madumali

University Hospital - General Sir John Kotelawala Defence University (KDU) - Werahera

958164190V

04. Index No.

0019

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

M P N S Muthupathirana

Base Hospital - Karawanella

941450156V

04. Index No.

0020

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

M M W Kumari

Base Hospital - Karawanella

935113709V

04. Index No.

0021

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

T M T P Tennakoon

Base Hospital - Deniyaya

975014223V

04. Index No.

0022

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S L J Werahera

Base Hospital - Siyambalanduwa

933512029V

04. Index No.

0023

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K M L Chathurima

District General Hospital - Monaragala

937191596V

04. Index No.

0024

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

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Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

R D E B Ranwala

District General Hospital - Ampara

963623593V

04. Index No.

0025

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

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02. Name of the Examination Centre:-

College of Nursing - Ampara

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

R M P W Premathilaka

District General Hospital - Ampara

199527000766

04. Index No.

0026

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

A K P Gayan

District General Hospital - Ampara

943532109V

04. Index No.

0027

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

N M D N K Nishshanka

District General Hospital - Ampara

199480603514

04. Index No.

0028

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

W A I Weerasundara

Teaching Hospital - Badulla

951772968V

04. Index No.

0029

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

P G A M P Pathegama

Teaching Hospital - Jaffna

942232659V

04. Index No.

0030

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K K J Premarathne

Teaching Hospital - Kurunegala

199161003310

04. Index No.

0031

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

H S Chandrasoma

Divisional Hospital - Laggala-Pallegama

967731234V

04. Index No.

0032

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

N R Nanayakkara

National Hospital of Sri Lanka - Colombo

893364684V

04. Index No.

0033

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

G V Asanga

Colombo North Teaching Hospital - Ragama

942970358V

04. Index No.

0034

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Anuradhapura

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

W K M N T Kumarawansha

Base Hospital - Medirigiriya

941883540V

04. Index No.

0035

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Kandy

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

D M D P Dissanayaka

Teaching Hospital - Badulla

942880677V

04. Index No.

0036

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

P K N U Ananda

Base Hospital - Deniyaya

199611100963

04. Index No.

0037

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S L M D I Akalanka

Base Hospital - Deniyaya

952312227V

04. Index No.

0038

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

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<u>Time Table – 06/09/2026</u>

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

R K D Dhananjaya

Base Hospital - Thissamaharama

199408400015

04. Index No.

0039

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

T U Vinodahewa

District General Hospital - Hambantota

908174631V

04. Index No.

0040

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

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<u>Time Table – 06/09/2026</u>

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

H H Prasanga

District General Hospital - Hambantota

930701050V

04. Index No.

0041

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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Number of Identity Card: -.....

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<u>Time Table – 06/09/2026</u>

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

W A I Piyaraj

Primary Medical Care Unit - Abeysekaragama

942092458V

04. Index No.

0042

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S E Suriyaarachchi

Base Hospital - Thissamaharama

953473151V

04. Index No.

0043

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

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<u>Time Table – 06/09/2026</u>

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K H A Sanjeewani

Base Hospital - Thissamaharama

199461902287

04. Index No.

0044

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

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Signature of the Candidate:……...

Identity Card No : .....

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

W I G M Wickramarachchi

District General Hospital - Mannar

940753406V

04. Index No.

0045

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

D S D Malinda

Base Hospital - Eheliyagoda

199510300368

04. Index No.

0046

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

P M E Liyanapathirana

Primary Medical Care Unit - Napawala

946421197V

04. Index No.

0047

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

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02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

U K M C Undupitiya

Primary Medical Care Unit - Kirindiela
Meetiyagoda
923560459V

04. Index No.

0048

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K C Lanaroll

National Hospital - Galle (Mahamodara / Karapitiya)
961702283V

04. Index No.

0049

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

D P Y Buddhika

Base Hospital - Balapitiya

942580673V

04. Index No.

0050

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

A G G S Nanayakkara

District General Hospital - Matara

967952605V

04. Index No.

0051

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

T C P Perera

District General Hospital - Matara

920880096V

04. Index No.

0052

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Anuradhapura

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

C U Gallage

Divisional Hospital - Mahadivulwewa

962520286V

04. Index No.

0053

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

B G P K Rathnayake

Divisional Hospital - Atharagalla

199480500277

04. Index No.

0054

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K J H Senarathne

Primary Medical Care Unit - Bakinigahawela

942090668V

04. Index No.

0055

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

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02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K H N S P Bandara

Divisional Hospital - Okkampitiya

948332736V

04. Index No.

0056

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Kandy

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

W A T A Samarasekara

Base Hospital - Gampola

912682110V

04. Index No.

0057

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Kandy

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

Z M Zamique

Divisional Hospital - Pattiyagama Pallegama

967994251V

04. Index No.

0058

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Kandy

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

J A K H Wimalasiri

Divisional Hospital - Medawala

940811066V

04. Index No.

0059

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

N P P M D M M D Panditharathna

MOH - Ududbaddawa

947471929V

04. Index No.

0060

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Kandy

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K C Jayakody

Distict Base Hospital Rikilagaskada

953432994V

04. Index No.

0061

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Galle

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

C S Hikkaduwage

Base Hospital - Thissamaharama

199509200289

04. Index No.

0062

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

G D M Menushi

Base Hospital - Thissamaharama

946210102V

04. Index No.

0063

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/16/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

W G M Sampath

Colombo North Teaching Hospital - Ragama

922144419V

04. Index No.

0064

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

W A Y Gimhani

Colombo North Teaching Hospital - Ragama

946470783V

04. Index No.

0065

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

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02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Jaffna

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

T Kajani

Base Hospital - Tellippalai

937430760V

04. Index No.

0101

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Jaffna

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S Suthasini

Divisional Hospital - Chankanai

915481604V

04. Index No.

0102

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

M M F Nimsiya

District General Hospital - Trincomalee

948303264V

04. Index No.

0103

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/17/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S H Shithesh

Base Hospital - Kinniya

199304103119

04. Index No.

0104

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/17/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

G Sanjay

Divisional Hospital - Periyakallar

890791875V

04. Index No.

0105

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Jaffna

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S Thinesh

Teaching Hospital - Jaffna

199428102221

04. Index No.

0106

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S Rajendran

Lady Ridgeway Hospital for Children - Colombo

198779101500

04. Index No.

0107

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

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02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S G Rajkumar

Base Hospital - Point Pedro

199475100770

04. Index No.

0108

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

Ministry of Health & Mass Media - Colombo 08 (Examination Branch)

9/15/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

M M Nawshad

Divisional Hospital - Adamapn -Mannar

940370817V

04. Index No.

0109

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/17/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

K Rishikes

Teaching Hospital - Batticaloa

942802560V

04. Index No.

0110

05. Medium

English

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate nor should any candidate either help another candidate or obtain help from another candidate or person whomsoever. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

Ministry of Health & Mass Media

Admission Card and Signature Form

Note : To be used at the written & viva voce test. The candidate should produce this form to the Supervisor on the commencing date of the examination.

Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/17/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

N Apinaya

Teaching Hospital - Batticaloa

946591203V

04. Index No.

0111

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

.....

Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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Number of Identity Card: -.....

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<u>Time Table – 06/09/2026</u>

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02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/17/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

T Nilojan

Teaching Hospital - Batticaloa

922201609V

04. Index No.

0112

05. Medium

Tamil

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Minisrty of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-																			
Working Station:-																			
ID No :-																			

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

Candidates should furnish their Identity Card to the Supervisor / Invigilator on every occasion they present themselves for a paper or test. In the event of a duly attested photograph with the signature of the candidate is produced, it should at the first instance be returned and attached to this signature form.

Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

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03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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Ministry of Health & Mass Media

Admission Card and Signature Form

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Admission Card

01. Name of the Examination :- ***Efficiency Bar Examination for Preliminary Grade Medical Officers and Dental Surgeons - 2026 (First Term)***

02. Name of the Examination Centre:-

College of Nursing - Ampara

9/17/2026 - 09.00 a.m.

03. Candidate's Name with Initials, Working Station and NIC Number: -

S Kudarshi

Teaching Hospital - Batticaloa

957071848v

04. Index No.

0113

05. Medium

Sinhala

This candidate has been permitted to sit the above examination by Secretary of Health & Mass Media.

W.G. Pasindu Lakruwan
Director (Examinations)
Ministry of Health & Mass Media

W G Pasindu Lakruwan
Director (Examinations)
For Secretary
Ministry of Health & Mass Media

Write your name with initials in **English Capitals** within the following cage **if only your name in the Admission Card is incorrect.**

Name with Initials:-

Working Station:-

ID No :-

Attestation of the Signature (Compulsory Condition)

Note : This Should be attested by immediate supervising officer.

Name of the Candidate :……..……...…

Signature of the Candidate:……...

Identity Card No : .....

I do hereby certify that the candidate <u>who is an officer attached to my office placed</u> his/ her signature before me today.

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Date : - ..... Signature of the Officer who attests

Name and Designation of the officer - ..... the Signature of the Candidate

Who attests the Signature: - ……... (Frank / Rubber Stamp)

Place: ……..

Signature Form (Within the Examination Hall)

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Type of the Identity Card :- (**N.I.C / Departmental I.C. / Valid Passport / Valid Driving License**)

Number of Identity Card: -.....

Date of Issued : -.....

<u>Time Table – 06/09/2026</u>

01. Administration of Hospitals and Dispensaries Question Paper - 09.00 a.m - 10.30 a.m

02. Establishments Code Question Paper - 11.00 a.m - 01.00 p.m

03. Accounts Question Paper - 01.30 p.m - 03.30 p.m

Subject	Date	Signature of the Candidate	Signature of the Invigilator
1. Administration of Hospitals and Dispensaries			
2. Establishments Code			
3. Accounts			

.....

Date: ..... Signature & Rubber Stamp of the Supervisor

<u>Viva Voce Test</u>

Subject	Medium	Date	Signature of the Candidate	Signature of the Invigilator
Viva	Tamil			
	Sinhala			

.....

Date: ..... Signature of Chairman of the viva board

<u>To the candidates</u>

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