Signature of the applicant

## Application for the Request of Transcript / Certificate under General Circular Letter No: 02-78/2022

Section - A 01. Item of request: Transcript\* Correction of Diploma/Higher Diploma Certificate Diploma or Higher Diploma Certificate Conversion of proficiency certificate to Diploma Certificate Duplicate of Diploma/Higher Diploma Certificate Correction of Transcript \* (Please note that transcript will be issued only for officers who have the Higher Diploma / Diploma Certificate) 02. (i). Name with initials (in block letters) (ii). Full Name of the applicant (in block letters)\*, Note: This name will be used in the transcript/ diploma certificate \*- If the name stated in the form is different either from the birth certificate or NIC or in the Diploma certificate already issued from the Ministry of Health, you have to submit a letter of request for issuing the transcript/certificate with the name stated in 02. ii) with the reason and an affidavit for change/discrepancy in the name in the birth certificate, NIC, Diploma certificate, or the name in 02. ii) (iii) NIC No / Passport No. 03. Category of the Profession (e.g., Nursing, MLT, etc.): 04. Contact details: Telephone: -Official...... (Private)...... (Mobile)..... (i) (ii) Email (personal): -05. If you are employed in the Ministry of Health, the name of the institution/ area of work ...... Section - B **06.** Details of Training School: i) Name of the training school: - ...... Batch ...... Student Reg. No: - ...... 07. Reason for applying for a Transcript/Diploma Certificate (If you are requesting a duplicate as the original is lost, documentary evidence (Affidavit or police report), should be produced along with the application to prove the original is lost) ..... 08. Address where it should be e-mailed (Applicable only to applicants residing abroad, as the Ministry of Health will not take the responsibility of posting the transcript/certificate. If the hard copy is needed, nominate someone in Sri Lanka to collect it by sending a letter with the name and the NIC or Passport number of the nominee) ...... 09. Declaration by applicant I hereby certify that the particulars given by me in this application (01 to 08) are true and accurate. If any information is found to be incomplete or incorrect, I am fully aware that my application will be rejected and the payments done are non-refundable. I have 

\*\*\*\*\*\*\*\*\*

Date

## Instructions for the Applicant: A) Attachments: Certified copies of the following documents to be attached with the application i. Birth certificate iii. Original Higher Diploma / Diploma Certificate\* (If you have) iv. Copy of receipt of deposit (to Shroff Ministry of Health / Bank) ii. National Identity Card / Passport \*- If the original certificate is lost, documentary evidence (Affidavit or police report), should be produced along with the application to prove the original is lost) B) Payment: Applicant should make the payments of the relevant amount, as per the Circular letter No: 02-78/2022 Dated 16th August 2022 issued by the Secretary of Health, by crediting it to the account of the Secretary of Health, Account No 7040244, Bank of Ceylon, Taprobane branch or Shroff, Ministry of Health and produce the bank receipt / receipt from Ministry of Health with the application, to the ET&R Unit. Certification of the Head of Institution: -are correct, and I have paid Rs. ,receipt number 7040244, bank, branch Date Head of Institution (Signature & Rubber stamp)) Certification of the Regional Director of Health Service (Provincial Applicants): -number....., paid to Ministry of Health Shroff / Bank of Ceylon account number 7040244, bank, branch. ......... Date RDHS (Signature & Rubber stamp) Date PDHS (Signature & Rubber stamp) For Principal Details in No 06 of Section B are correct / corrected and confirmed to issue certificate / transcript. The transcript is prepared and submitted to the ETR Unit. (This section is not applicable for Nursing Officers) Principal (Signature & Rubber stamp) For ET&R Unit Details of Payment receipt: Number: Subject officer at the ETR Unit: ..... Name Signature Recommendation and Approval for issuing of transcript / certificate: Recommended / Not recommended Approved / Not Approved Director (Training / Nursing Education) DDG (ET&R) (Signature, Date & Rubber stamp) (Signature, Date & Rubber stamp) Collection of the Certificate (Local Applicant):

Note: As the Ministry of Health will not take the responsibility of posting the transcript/certificate, the hard copy has to be collected or nominate someone to collect it by sending a letter with the name and the NIC or Passport number of the nominee. Please note that for the nursing officers this Diploma Certificate will be send to respective nursing school.

Collected the transcript/ diploma certificate, corrected/duplicated.	0.1111111111111111111111111111111111111
(Note: cut across the words not applicable)	Name, NIC, Date and Signature of the Collector