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இணையத்தளம் )  
website )



සුවසිරිපාය  
சுவசிரிபாய

SUWASIRIPAYA

සෞඛ්‍ය අමාත්‍යාංශය

சுகாதார அமைச்சு

Ministry of Health

මගේ අංකය ) MA/MS/L/11/2023  
எனது இல )  
My No )

ඔබේ අංකය )  
உமது இல )  
Your No. : )

දිනය )  
திகதி ) 08 . 04.2024  
Date )

Provincial Directors of Health Services ,  
Regional Directors of Health Services,  
Relevant Heads of the Institutions,

**Difficult Stations Transfers of Grade Medical Officers – Post Intern Batch 20<sup>th</sup> October 2021**

Applications are invited from Post Intern Medical Officers who fulfill following criteria as a special privilege, and who are willing to apply for, Difficult Stations Transfers of Grade Medical Officers.

- Medical Officers who belong to post Intern Batch – 20<sup>th</sup> October 2021
- Should have completed minimum period of one-year active service in the respective difficult station.

These transfers should be implemented by the Heads of the Institutions only after receiving suitable replacement to the institution or where suitable internal arrangement is possible.

Name list of officers eligible for transfers, list of vacancies and specimen application form are attached herewith and can be accessed through <https://hrmis.health.gov.lk/>.

If an officer has been already selected for any other transfer, application from such officer will not be considered for transfers under this scheme.

Officers who wish to apply for transfers should forward their online applications through <https://hrmis.health.gov.lk/> **on or before 22-04-2024.**

Hard copies should be sent through the respective Heads of Institutions/ Decentralized Units with their recommendations to reach the following address **by hand on before 26-04-2024.**

Address Director (Medical Services)  
Ministry of Health  
“Suwasiripaya”  
Rev. Baddegama Wimalawansa Thero Mw.  
Colombo – 10

Dr P.G. Mahipala  
Secretary

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“සුවසිරිපාය”  
385, පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත,  
කොළඹ 10.

For Office Use Only:	PF Number :	Your Reference number : {moId}/DSA
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### Difficult Station Transfer Online Application {batchDate}

- 
- |   |     |  |                                |
|---|-----|--|--------------------------------|
| 1 | 1.1 | NIC No :   | {nicNo}                        |
|   | 1.2 | SLMC Reg No :  | {slmcNo}                       |
|   | 1.3 | Merit :  | {meritOrder}                   |
| 2 | 2.1 | Last Name/SurName :                                      | {lastName}                     |
|   | 2.2 | Initials :   | {initials}                     |
|   | 2.3 | Name in Full :   | {fullName}                     |
| 3 |     | Gender :   | {gender}                       |
| 4 |     | Date of Birth :  | {dob}                          |
| 5 | 5.1 | Mobile 1 :   | {mobile1}                      |
|   | 5.2 | Mobile 2 :   | {mobile2}                      |
|   | 5.3 | Landline :   | {landline}                     |
|   | 5.4 | Address Line 1 :   | {address1}                     |
|   | 5.5 | City :   | {city}                         |
|   | 5.6 | District :   | {district}                     |
|   | 5.7 | E-Mail Address :   | {email}                        |
| 6 | 6.1 | Marital Status :   | {maritalStatus}                |
|   | 6.2 | Spouse applied for the same<br>Difficult Transfer List : | {spouseApply}                  |
|   | 6.3 | Lower Merit to get the same or<br>nearby station :       | {sameMeritAsSpouse}            |
|   | 6.4 | Name of spouse :   | {spouseName}                   |
|   | 6.5 | NIC of spouse :  | {spouseNic}                    |
|   | 6.6 | Merit order of spouse :                                  | {spouseMerit}                  |
| 7 | 7.1 | Appointment Type :                                       | {appointType}                  |
|   | 7.2 | Transfer Name :  | {appointName}                  |
|   | 7.3 | Permanent Working Station :                              | {workingStation}               |
|   | 7.4 | Permanent Post and Designation :                         | {postDesignation}              |
|   | 7.5 | Date reported to the Permanent<br>workstation:           | {reportedDatePermanentStation} |

8. Special Claims : {claims}

9. Attached to PGIM: {pgim}

10. PGIM Course details: {pgimText}

11. Copies of documents which should be attached - Checklist

11.1 Certified copy of date of appointment to the present post

11.2 Certified copy of NIC

11.3 If no pay leave - No pay leave details


**Declaration by the candidate**

I hereby certify that the above particulars are true and correct, and the attached documents are true certified copies. I know that submission of false information or documents is considered as violation of establishment code and is punishable following an official investigation process.

.....  
Date

.....  
Signature of applicant

**To be filled by the subject clerk**

The accuracy of the details declared by the doctor should be verified and the documents should be checked by the relevant Subject Clerk.

1. No Pay details of the doctor -

No.	Details	Start Day	End Day

- 2 Whether on Transfer Order: Yes / NO
- 3 If yes, the order number and date:
- 4 Why not released from the station:  
 .....  
 .....
- 5 Details of investigations attached if available
- 6 Any other relevant details attached
- 7 PF Number of the officer as specified in the Grade Promotion Letter (if available)

Name of the Subject Clerk .....

Signature of the Subject Clerk .....

Date .....

**Observation and Recommendation of the Head of Institution**

I certify that Dr .....has been in active service in {workingStation} from ..... to the present and completed minimum period of one-year active service.

Recommended / Not recommended and forwarded.

Replacement necessary / Can be released without replacement.

.....  
Signature of Head of Institution

Date .....

**Observation and Recommendation of the Regional Director of Health Services**

.....  
Signature

.....  
Date

**List of Preferences**

\*Total Number of Vacancies Applied: {totalNumber}