දුරකථන ) 0112669192 , 0112675011
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இணையத்தளம் )
website )

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சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය )
எனது இல ) TCS/C/01/2026
My No. )

ඔබේ අංකය )
உமது இல )
Your No. )

දිනය )
திகதி ) 04 .08.2026
Date )

# සෞඛ්‍ය හා ජනමාධ්‍ය අමාත්‍යාංශය
# சுகாதார மற்றும் வெகுஜன ஊடக அமைச்சு
# Ministry of Health & Mass Media

**Circular Letter No.: 01-58/ 2026**

Director (NHSL/NH Kandy/NH Galle)
All Provincial Directors of Health Services
All Regional Directors of Health Services
All Directors of Teaching Hospitals, Specialized Hospitals and District General Hospitals
All Heads of Decentralized Units of Health Services and Specialized Campaigns
All Officers Eligible for Placement in the Senior Medical Administrative Grade

**Re: Filling of Vacancies for the Placement of End Posts of Senior Medical Administrative Grade – 2026**

This refers to the previous communication dated 04.08.2026 bearing No. TCS/C/01/2026 on the above matter.

02. It is hereby informed that the specimen application form annexed to the above circular has been revised.

03. Officers who have not yet submitted their applications are requested to use the revised specimen application form. Officers who have already submitted their applications using the previous format are not required to resubmit their applications, and their applications will remain valid.

Dr. Sagari Kiriwandeniya
Deputy Director General (Medical Services) I
Ministry of Health & Mass Media

Dr. Sagari Kiriwandeniya
MD, MSC, MD (Medical Administration)
Deputy Director General (Medical Services) I
Ministry of Health and Mass Media
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha
Colombo 10

**End Posts of Senior Medical Administrative Grade Medical Officers – 2026**
**(SPECIMEN APPLICATION FORM)**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | Name of the applicant: | | | | | | | |
| 2 | Present Post: | | | | | | | |
| 3 | Date of Birth: | | | | | | | |
| 4 | Date of appointment to: | | | DD | | MM | | YYYY |
| | Preliminary Grade | | | | | | | |
| | Grade II | | | | | | | |
| | Grade I | | | | | | | |
| | Date of Appointment to the Deputy Medical Administrative Grade | | | | | | | |
| | Date of assuming duties in DMAG | | | | | | | |
| | Date of Appointment to the Specialist Grade | | | | | | | |
| | Date of appointment to permanent post in SMAG | | | | | | | |
| | Date of assuming duties in SMAG | | | | | | | |
| | Date of assuming duties in the present post | | | | | | | |
| 5 | Post Intern merit: | | | | | | | |
| 6 | Postgraduate qualification: | | | | | | | |
| | Medical Administration | | | MSc | | MD | | |
| | Community Medicine | | | MSc | | MD | | |
| | Community Dentistry | | | MSc | | MD | | |
| 7 | Contact Number | Office | | | Private | | | |
| 8 | Email address: | | | | | | | |

9. Acting / Attending to duties approved by Public Service Commission*

| Duty Type (Acting / Attending) | Date of Start | Date of Completion | Institution | Post |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*Certified copies of relevant documents should be attached.

10. No pay leave details.....

| No. | Start date | End date | Reason |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**STATION SELECTED BY THE APPLICANT IN ORDER OF PREFERENCE**

| Order | Station |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

I do hereby certify that the above particulars are true and correct.

Signature of applicant.....

Recommendation of the Head of Institution - Recommended & forwarded.

Signature.....