

**MINISTRY OF HEALTH, NUTRITION AND INDIGENOUS MEDICINE**

**Enrolment of Graduates for the Orientation and Coordination Courses of the Service of Professions Supplementary to Medicine – 2017**

APPLICATIONS are called from eligible Sri Lankan Citizens who possess a Degree obtained from a university recognized by the University Grants Commission, for the recruitment, to the following orientation and coordination courses for the service of Professions Supplementary to Medicine of Ministry of Health, Nutrition and Indigenous Medicine.

2. Academic and other qualifications relevant to the post :

<i>Code No.</i>	<i>Orientation and Coordination Course</i>	<i>Degree required to be completed</i>
1	Medical Laboratory Technologist	B.Sc. MLS
2	Pharmacist	B. Pharm B.Sc. Pharmacy
3	Physiotherapist	B. Sc. Physiotherapy
4	Radiographer	B. Sc. Radiotherapy B. Sc. Radiography

3. *Other General Qualifications :*

- Should be not less than 18 years and not more than 35 years of age by 08.01.2018.
- The effective date of the degree should be a date prior to the closing date of applications.
- Should be in a good state of Mental and Physical Health

4. *Method of application :*

- The application should be prepared using A4 size papers in accordance with the specimen form of application appended to this notification. (Numbers from 01 to 09 of the application should appear on the first page of the paper and numbers from 10 to 13 should appear on the other side of the paper).
- The receipt obtained by paying Rs. 300 to the credit of the account of "Director General of Health Services – Collection of Exam Fees" Number 7041318 of the Bank of Ceylon, Thaprobane Branch; Should be attached firmly, on the place where it is mentioned "Receipt" in the application. (Please keep a copy of the receipt with you)
- Candidate's signature should be attested by a Principal of a Government School/Justice of the peace/Commissioner for Oaths/an Attorney at Law/Notary Public/authorized officer in tri forces/an officer who holds a *Gazetted* post in the police service or public officer who holds a permanent and pensionable post in staff grade post in Public Service or Provincial Public Service and obtain a consolidated salary more than Rs. 393,684 per annum.
- The words "Enrolment of Graduates as Trainees for the Training of the Service of Professions Supplementary to Medicine – 2017" and relevant degree and academic year should be mentioned on the top left hand corner of the envelope of size 9" x 4" in which the duly completed application should be enclosed and it should be sent to reach the Director (Administration) 02, Ministry of Health, Nutrition and Indigenous Medicine "Suwasiripaya", 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10 under registered post on or before 08.01.2018.

5. Employees in Public or Semi – Government institutions should submit their applications through the respective Head of the Department. The applicants should note that, this is an external recruitment and they have no right of reversion to the current post either he/she will be able or not able to complete the training successfully.

6. Receipt of applications will not be informed and applications which will be received after the closing date will be rejected. The applications which are not complying to the instructions and the relevant specimen form given in this notification, will be rejected without any notice.
7. Eligible persons will be selected to each training course according to the merit list prepared on the basis of the effective date of the Degree and GPA value; relevant to each training course. The priority will be given to the graduates those who have completed the degree after 25.06.2016 which was the closing date of previous *Gazette* notification regarding enrolment of these graduates.
8. If the number of applicants is higher than the number of existing vacancies, a written examination, which consists of a question paper on General knowledge and aptitude of 01 hour, will be held to select for enrolment for the Orientation and Coordination Course and a number equal to the number of existing vacancies will be enrolled for the training on the merit of marks obtained at the examination. At the interview, applicants should produce the **original documents and certified copies** of the following.
  - (a) Birth Certificate.
  - (b) Original of the Degree Certificate (A certified copy should also be sent with the application)
  - (c) Original Certificates of the results of the G.C.E. (O/L) and G. C. E. A/L Examinations.
  - (d) National Identity Card or valid passport or valid driving license.
  - (e) A certificate issued by Grama Niladari and counter signed by Divisional Secretary to confirm the residence (Certificate of the Grama Niladari)
9. *The training procedure :*

<i>Code No.</i>	<i>Orientation and Coordination course</i>	<i>Duration of the course</i>	<i>Medium in which the course should be followed</i>
1	Medical Laboratory Technologist	6 Months	English
2	Pharmacist	6 Months	English
3	Physiotherapist	6 Months	English
4	Radiographer	6 Months	English

- (i) Applicants selected from the interview will be attached to training schools to follow the relevant orientation and coordination course. The courses should be followed in the medium which is mentioned against each course.
- (ii) Trainees admitted to the training schools will be subject to the rules and regulations prevail in the training schools and the orders imposed by the Ministry of Health, Nutrition and Indigenous Medicine from time to time.
- (iii) The trainees, who will not complete the training successfully at the end of the training period or whose work and conduct are not satisfactory or who fail to adhere to the conditions of the training school, may be terminated without compensation at any time.
- (iv) An allowance will be paid to the trainees during the training period in terms of the Provisions of public administration Circular 03/2016.
- (v) At the time you are admitted to the training school, you should enter in to an agreement and bond of surety with the Director General of Health Services; that you will complete the training successfully, that you will not leave the training programme and if you will be granted an appointment after completing the said entire training, that you will serve in the relevant post at least for a period of 05 years, In case you leave or abandon the training during the training period or your training is terminated as per the above Section III

or you fail to serve in the relevant post for a period of 05 years in the relevant post after appointment, the allowance paid to you during the training period, expenses incurred by the Government and the amount of the surety bond should be refunded to the Ministry of Health Nutrition and Indigenous Medicine by you. If not, legal action will be instituted in terms of the agreement to recover that amount.

10. *Terms of Engagement :*

At the end of the training it will be decided to grant/not to grant permanent appointments considering the number of vacancies existing for the time being. Accordingly, if the Ministry of Health, Nutrition and Indigenous Medicine, decides to grant permanent appointment in the relevant post, action will be taken to appint the candidates to the Class III of the relevant post in terms of the conditions in the scheme of recruitment relevant to the course concerned. In terms of Public Administration Circular 03/2016, the salary scale Rs. 32,080-445x10-660x11-730x10-750x10-Rs. 58,590 of MT-6-2016 is applicable to the posts given above under the code numbers 1,2,3,4 of the service of professions Supplementary to Medicine and payments are made in terms of the provisions of Public Administration Circular 03/2016.

11. The particulars of education and other qualifications in the application should be filled carefully and accurately. If the above mentioned certificates are found to be counterfeit after recruitment to the training or after appointment, action will be taken to refer to the Criminal Investigation Department for legal action, and also to cancel the appointment and to dismiss from the training / post, and to enter his/her name in the black list of those who are not permitted to be re-employed in the Public Service after taking legal action against him/her. In addition, action will be taken to recover the allowance paid to him/her during the training period, expenses incurred by the Government, and the amount of Agreement and Surety Bond.
12. Selected applicants should attend for a medical examination during the first month of the training to obtain a certification that he/she is physically and mentally fit to follow the course and serve in any part of the Island and if an applicant is found to be unfit at the medical examination he/she will be disqualified for the training.
13. All persons selected as above will be subject to all laws and regulations relevant to the public officers, the provisions of the Establishments Code of Democratic Socialist Republic of Sri Lanka, policies imposed by the Ministry of Health, Nutrition and Indigenous Medicine, Financial Regulations and other regulations and rules and orders that may be imposed by the Government from time to time.
14. This Ministry is not bound to provide residential facilities in the training schools for the applicants recruited for the training. If such facilities are provided, rent assessed for a room, water and electricity bills will be charged.
15. If any problem arises regarding enrolment to the taining or any matter covered or uncovered by this *Gazette* notification, the decision of the secretary of the Ministry of Health, Nutrition and Indigenous Medicine will be final. In case of any inconsistency between the Sinhala, Tamil and English texts, the text in Sinhala will prevail.

JANAKA SUGATHADASA,  
Secretary,

Ministry of Health, Nutrition and Indigenous Medicine.

Ministry of Health, Nutrition and Indigenous Medicine,  
"Suwasiripaya",  
No. 385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo-10,  
22nd November, 2017.



10. Have you ever been convicted for any offense in a court of law? Yes  No   
(Mark in the relevant cage)  
If so, give particulars : \_\_\_\_\_.

11. Certification of the applicant :

- (a) I certify that I have carefully studied and understood the *Gazette* notification and filled the application subject to all the conditions mentioned therein, and I do not take part in any other full time course and the particulars furnished by me in the application are true and correct to the best of my knowledge.
- (b) I am aware that if this declaration or any particulars contained in the application are found to be false I am liable to be disqualified for the training and if so found after appointment I am liable to be dismissed.
- (c) And, I am aware that this is an external recruitment and I have no right of reversion to the current post even if I will be/will not be able to complete the training successfully.

Affix the receipt obtained by paying Rs. 300 to the credit of the Account of "Director General of Health Services – Collection of Exam Fees" Number 7041318 of the Bank of Ceylon, Thaprobane branch.

\_\_\_\_\_,  
Signature of the Applicant.

Date : \_\_\_\_\_.

12. Attestation of the Applicant's Signature :

I hereby certify that Mr./Mrs./Miss ..... who is submitting this application is personally known to me and he/she placed his/her signature in my presence on .....

\_\_\_\_\_,  
Signature of the Attester.

Date : \_\_\_\_\_.

Full Name of the attester : \_\_\_\_\_.

Designation : \_\_\_\_\_.

Address : \_\_\_\_\_ Official Frank of the Attester

13. Certification of the Head of the Department if the applicant is in Public Service/Provincial Public Service (*Delete irrelevant words*) :

- I. I certify that the above applicant Mr./Mrs./Miss ..... holds the post of ..... in this Department.
- II. I hereby certify that the particulars furnished in the above application are true and he/she can/cannot be released if he/she is selected to the post.
- III. I hereby state that I have explained him/her that this is an external recruitment and he/she has no right of reversion to the current post after completing successfully or without completing the relevant training.

\_\_\_\_\_,  
Signature of the Head of the Department.

Date : \_\_\_\_\_.

Name of the Head of the Department : \_\_\_\_\_.

Designation : \_\_\_\_\_.

Address : \_\_\_\_\_ Official Frank of the Head of Department.