

## MINISTRY OF HEALTH, NUTRITION AND INDIGENOUS MEDICINE

### Enrolment of Graduates for the Orientation and Coordination Courses of the Service of Professions Supplementary to Medicine - 2019

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 special qualifications relevant to the post :

Code No.	Orientation and Coordination Course	Degree required to be completed
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 as at 14.06.2019.
- The effective date of the degree should be a date prior to the closing date of applications.
- Should be fit mentally and physically.

#### 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 affixed so as not be detached, 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 - 2019" 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 - Establishment), Ministry of Health, Nutrition and Indigenous Medicine, "Suwasiripaya", No.385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10 under registered post on or before 14.06.2019.

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 08.01.2018 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 copies and certified copies** of the following documents.

- (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) **Should be continuously resided** in the district from which you are applying for a period of 03 years immediately prior to the closing date of applications which is 14.06.2019.
- I. 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 :*

Code No.	Orientation and Coordination course	Duration of the course	Medium in which the course should be followed
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 into 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 appoint 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.



03. Postal Address:- In Sinhala /Tamil :\_\_\_\_\_. In English :\_\_\_\_\_.

04. (a) Permanent Address: In Sinhala /Tamil :\_\_\_\_\_. In English :\_\_\_\_\_.

(b) Telephone No. : Mobile :           Fixed :

(c) District of Residence: In Sinhala/ Tamil :\_\_\_\_\_. In English :\_\_\_\_\_.

(d) Are you a permanent resident in this District: Yes/No :\_\_\_\_\_.

(e) If “Yes”, How long :\_\_\_\_\_.

05. Date of Birth: Year :\_\_\_\_\_. Month :\_\_\_\_\_. Date :\_\_\_\_\_.

Age as at ..... 2019 : Years :\_\_\_\_\_. Months :\_\_\_\_\_. Days :\_\_\_\_\_.

06. Gender: Female ☐ Male ☐ (Mark a ‘✓’ in the relevant cage)

07. Whether a citizen of Sri Lanka: Yes ☐ No ☐ (Mark a ‘✓’ in the relevant cage)

08. Civil Status: Married ☐ Single ☐

09. Educational Qualifications:

Serial No.	Degree	Grade	Grade Point Average (GPA) and Effective date of the degree	University	Academic Year	Medium in which you appear for the Written examination

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 be not 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 Attestor.

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

- I. I hereby 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 Department)