

# **MINISTRY OF HEALTH**

# Recruitment (Open) to the Post of Research Officer in Grade II of Field/Office Based Officer Segment 01 Service Category (MN 06-2006 A) - 2021

APPLICATIONS are called from the Sri Lankan citizens who possess following qualifications for recruitment (open) to fill 01 vacancy in the post of Research Officer in Grade II of Field/ Office Based Officer Segment 01 Service Category (MN 06 - 2006 A) which exist in the hospitals and institutes under the Ministry of Health.

#### 01. Method of Recruitment

From the applicants who have satisfied the qualifications mentiones in the notification, the Candidates who secure highest marks on the results of the written examination conducted by the secretary of the Ministry of Health or an institute approved by him, will be recruited from an interview conducted to check the eligibility considering the number of Vacancies.

# 02. Basic Qualifications

## 2.1 Educational Qualifications

(*i*) Should have obtained a Special Degree in Chemistry or Zoology or Botany from a university recognized by the University Grants Commission and a Post-graduate Degree in Chemistry or Zoology or Botany.

or

(*ii*) Should have obtained a BSc. General Degree with the subjects Chemistry, Zoology and Botany from a university recognized by the University Grants Commission and a Post-graduate Degree in Chemistry or Zoology or Botany.

## 2.2 Physical Qualifications

Every candidate should be physically and mentally fit to serve in any part of Sri Lanka and to discharge duties of the post

#### 2.3 Other Qualifications

- (a). The candidate should be a citizen of Sri Lanka
- (b). The candidate should be excellent in character
- (c). The candidate should have satisfied all qualifications as at the closing date of applications

#### 03. Age Limit

Applicants should be not less than 21 years of age and not more than 35 years of age as at the closing date of applications.

#### 04. Salary Scale

The salary scale applicable to this post is Rs. 36,585 - 10x660 - 11x755x15x930 - 65,440 (MN -06-2016 (A) in terms of the Schedule I of Public Administration Circular No. 03/2016 dated 25.02.2016.

## 05. Written Examination

| QUESTION PAPER                      | SYLLABUS  | Duration   | Maximum<br>Marks | Pass<br>Marks |
|-------------------------------------|---|------------|------------------|---------------|
| 1. Intelligence Test                | This paper will be designed to assess the<br>candidates' capacity for comprehension,<br>quantification and perception of time space<br>relations by measuring candidates, inference<br>and responses to problems presented in<br>verbal numerical and spatial contexts. | 1 1/2 hour | 100              | 40%           |
| 2. Knowledge related to the subject | This paper will be based on the matters related to the field of poisons information.  | 3 hours    | 100              | 40%           |

- 06. Terms of Engagement in Service
  - (*i*). Recruiters shall be willing to serve in any part of the Island.
  - (*ii*). This post is pensionable. You shall be subject to any policy decision taken by the government in future with regard to the pension scheme you are entitled to. Further, you shall contribute to Widows' and Orphans'/ Widowers' and Orphans' Pension Scheme. You shall pay contributions to this fund as declared by the government from time to time.
  - (*iii*). You should acquire the relevant proficiency in the official language in terms of the Public Administration Circular No. 18/2020.
  - (iv). This appointment will be subjected to a probation period of three years.
  - (*v*). The appointment will be subjected to the Procedural Rules of the Public Service Commission, Establishments Code of the Democratic Socialist Republic of Sri Lanka, Financial Regulations of the Government and other Departmental orders.
- 07. Method of Application
  - (i). Closing date of applications is 31.11.2021. Applications should be sent to reach the address Director (Admin) 07, Ministry of Health, 385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10 by registered post on or before 31.10.2021 Applications received after the closing date will be rejected.
  - (*ii*). A specimen form of application is appended to this notification. Application should be prepared on a sheet of size A4 and No. 01 to No. 06 should appear on the first page and No. 07 to No. 10 should appear on the second page. The application should be completed by the candidate in his/her own handwriting.
  - (*iii*). "Application for Recruitment(Open) to the Post of Research Officer" should be indicated in the top left-hand corner of the envelope in which the application is enclosed.
  - (*iv*). Correspondence in this connection may proceed *via* e-mail. Therefore, it is required to provide an e-mail address which is in use and be on the alert.
  - (v). Examination fee is Rs. 500/-. The receipt obtained by paying this amount from any Bank of Ceylon branch to be credited to the Account No.7041318 in the name of "Director General of Health Services" of the Thaprobane Branch, Bank of Ceylon should be affixed in the cage given in the application so as not to be detached. (Money orders and stamps will not be accepted.) Under no circumstance, the examination fee will be refunded.
  - (vi). Candidate's signature under the No. 09 in the application form should be attested by a Principal of a Government School, a Justice of the Peace, a Commissioner for Oaths, an Attorney at Law, a Notary Public, a Commissioned Officer in the armed forces, an officer holding a gazetted post in the Police Service or an officer holding a permanent post in the Public Service whose annual consolidated salary is more than Rs. 273,060/=.
  - (vii). Officers who are already in the Public Service or Provincial Public Service should forward their applications through the respective Head of Department.
  - (*viii*). Applications not in compliance with the specimen form of application appended to this, will be rejected. No complaint that an application or a related document has been lost or delayed in post shall be considered. Receipt of applications will not be acknowledged. Eligible candidates will be called for the examination and they will be notified thereon two weeks prior to the examination to the address indicated in the application.

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(Candidates who have submitted applications completed in all respects will only be called for the interview.)

08. Identity of Candidates

Any of the following documents will be accepted to prove the identity at the written examination.

- 1. National Identity Card issued by the Department for Registration of Persons
- 2. Valid Passport
- 09. Providing false information

If any information provided in the application sent by you is found to be false or incorrect before the recruitment, your candidature will be cancelled. If found so after the recruitment, action will be taken to dismiss from the service subject to relevant procedures.

- In the event of any inconsistency between Sinhala, Tamil and English texts of this notification, the Sinhala text shall prevail.
- The decision of the Appointing Authority will be final with regard to this appointment.

Dr. S.H. MUNASINGHE , Secretary, Ministry of Health.

Ministry of Health, No. 385, Rev. Baddegama Wimalawansha Thero Mawatha, Colombo-10, 14th September, 2021.

| I කොටස : (IIඅ)        | ඡෙදය - ශී ල  | ංකා පුජාතාන්තික  | සමාජවාදී ජනරජයේ    | ගැසට් පතුය - 2 | 2021.09.24 |
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| PART I : SEC. (IIA) - | - GAZETTE OF | F THE DEMOCRATIC | SOCIALIST REPUBLIC | OF SRI LANKA - | 24.09.2021 |

|     | SPECIMEN   | N FORM OF APPLICATION                                      |
|-----|--|--|
|     | Recruitment (Open) to the Post of Resea  | rch Officer in Grade II of the Ministry of Health – $2021$ |
|     |  |  |
|     | Medium of Examination  | District of Residence                                      |
|     | (Sinhala - S/ English - E/ Tamil - T)  |  |
| 01. | (In English Block Capitals):- Ex: SILVA<br>1.2 Name in Full (In English Block Capitals):   | s/Miss<br>A. B.  |
| 02. | 2.1 Address (Private) :  | 2.2 Address (Private) :                                    |
|     | (In English Block Capitals)  | (In Sinhala /Tamil )                                       |
|     |  |  |
|     |  |  |
|     | 2.3 Address (Official) :<br>(in English Block Capitals)  | 2.4 Address (Official) :<br>(In Sinhala /Tamil )           |
|     |  |  |
|     |  |  |
|     |  |  |
|     | (Change of the address should be informed  | d immediately)   |
|     |  |  |
|     | -  |  |
| 03. | 3.1 Date of Birth: Date Month  | Year   |
| 3.2 | Age as at the closing date of application Years:   | Months : Days :  |
| 04. | National Identity Card No :  |  |
| 05. | Gender :   |  |
| 06. | Qualifications :<br>(Qualifications under paragraph 02 of the notific<br>6.1 Educational Qualifications :<br>6.2 Professional Qualifications :           |  |
| 07. | Details of the receipt obtained by paying the exam<br>7.1 Office to which the examination fee was pai<br>7.2 Receipt No. and Date :<br>7.3 Amount paid : | d :  |

Affix here the receipt obtained by paying the amount of Rs. 500/- to a Bank of Ceylon branch so as not to be detached.

#### 08. Certification of the Applicant:

I solemnly declare that the information given herein are true and correct. I agree that if any information herein is found to be incorrect or false prior to the selection, my application will be rejected and if found so after the selection I am liable to be dismissed from service without any compensation.

Date: .....

Signature of the Applicant.

09. Attestation of the Signature of the Applicant.

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

Signature of the Attestor.

(Official frank)

| Name in full: |
|---------------|
| Designation:  |
| Address:      |

10. Certificate of the Head of Department/ Institute (Applicable only for the officers in the Public Service or Provincial Public Service)

This applicant Mr./Mrs./Miss......has been serving in this Department/Provincial Council/Institute from ......I hereby state that he/she/can/cannot be released from the current post if selected, and I certify that he/she placed his/her signature in my presence.

Signature of the Head of Department/Institute.

| Name:                                  |
|--|
| Designation:                           |
| Date:                                  |
| Department/Institute:                  |
| (Authenticate with the official frank) |

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