General Circular Letter: 02 – 46 / 2017

My No: ETR / B.Sc.DPR & P/ 09/2016
Office of the DDG (ET&R)
Ministry of Health, Nutrition &
385, Ven. Baddegama Vimalawansa Thero Mw,
Colombo 10

03 / March 2017

Provincial Health Secretaries,
Provincial Directors of Health Services,
Regional Directors of Health Services,
Heads of Decentralized Units / Specialised Campaigns,
Directors of Hospitals under the line Ministry

Heads of the Institutions.

BSc Degree Programmes of Faculty of Allied Health Sciences (FAHS)
University of Peradeniya 2017 (Radiography / Physiotherapy).

1. Applications are hereby invited from suitably qualified candidates who are currently in Health Service and working under Ministry of Health / Provincial Ministry of Health to follow BSc in (Radiography / Physiotherapy) Degree course conducted by University of Peradeniya. The selected candidates will be enrolled to follow the BSc in Radiography / Physiotherapy four (04) year Regular Degree Course. The enrolled students will begin their work from March 2017. Selected candidates will be completing the degree in 3 years and paid study leave will be granted for 3 years.

2. Entry Qualifications

1. Should have a Diploma in Radiography / Physiotherapy and registered with Sri Lanka Medical Council (SLMC).
2. Should have a minimum of Five (5) years service under the Ministry of Health at the date of closing applications.
3. Should be Below 48 years of age at the date of closing applications.
4. Should have at least (3) passes in Science subjects at the GCE Advanced Level Examination in one sitting.
5. Should have at least a Credit pass in English language in GCE Ordinary Level Examination.
6. Appropriate fitness for pursue course of the selected field study
7. Pass marks obtained at the selection examination conducted by the University of Peradeniya.

1. Applications

The applications should be prepared as per specimen form appended here with and duly certified by the Head of Institution, in the case of line Ministry Institutions or by Regional Director of Health Services, Provincial Director of Health Services for the applications of Provincial Health Ministries Applications should be sent by Registered Post to reach the Deputy Director General (Education Training & Research), “Suwasiripaya” No. 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 20th March 2017, through the Head of the Institution / Provincial Director of Health. Applications which are incomplete or received after the closing date will be rejected. The words “BSc Degree Programmes of Faculty of Allied Health Sciences (FAHS) Peradeniya (Radiography / Physiotherapy)” Should be legibly marked in the left upper corner of the enveloped. (Highlight your course from these)
2. Short listed applicants will be required to sit for selection test conducted by the University of Peradeniya. The format of the examination will be decided by Faculty of Allied Health Sciences University Of Peradeniya. Exam will be held on 24/03/2017 at 9.00 am at faculty of Allied Health sciences University of Peradeniya.

3. Service Agreement

Paid leave for three (03) years shall be granted to the selected candidates to undergo the course and they shall be bonded with the Director General of Health Services / Provincial Director of Health Service for the due completion of the course for Rs. 600,000.00 and to serve the Ministry of Health / Provincial Ministry of Health for a period of 10 years after completing the degree course.

In case if the selected candidate fails to complete the said degree programme or fulfil the conditions laid down by the Ministry of Health/ Provincial Health Ministry pertaining to the bond and agreement, appropriate action legal will be taken against such candidates.

However by virtue of this training the candidates have no right to demand for a higher post. In addition, absorbing the trainees who have completed the course in to the department to a higher post depend on the existing vacancies and solely on the discretion of the appointing authorities.

4. Please ensure that the contents of this circular are brought to the notice of all eligible officer in your Institution / Province / RDHS area / Campaign.

Anura Jayawickrama
Secretary
Ministry of Health, Nutrition & Indigenous Medicine

385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka.

cc.

1. Dean, Faculty of FAHS, University of Peradeniya
2. Deputy Director General (Admin) III
3. Director (Admin) II
4. Course Coordinator, University of Peradeniya
5. Chief Legal Officer, Ministry of Health.
Application For
BSc Degree Programmes of Faculty of Allied Health Sciences (FAHS), University of Peradeniya 2017 (Radiography/Physiotherapy).

1. Name with initials (In block letters)

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<th>Name</th>
<th>Initials</th>
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2. Full name of the applicant (In block letters)

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<th>Name</th>
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3. Current Employer: Designation:

| Employer | Designation |

4. Date of first appointment: Present Grade:

| Date | Present Grade |

5. Address
Official: Private:

| Address | Address |

Telephone: Official: Private: Mobile:

| Telephone |

6. Personal Information
Date of Birth: NIC No:

| Date of Birth | NIC No |

7. Age: (Y) (M) (D) (as at the 20th March 2017)

8. Sex: Male / Female Marital Status:

| Sex | Marital Status |

9. Educational Qualifications:

(I). G.C.E (Advanced Level) Examination Results: Index No. Year:

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(II). G.C.E (Ordinary Level) Examination Results: Index No. Year:

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10. 

(I) Past employment records:

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(II) Professional Qualifications/ Other Qualifications:

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<th>Examination</th>
<th>Year</th>
<th>Institution</th>
<th>Pass/Grade</th>
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11. Have you ever been convicted in a court of Law for criminal offence? ..................................................... If so, furnish particulars of such conviction and penalty imposed?

12. Registration in the with Sri Lanka Medical Council (SLMC)

Reg. No........................................ Date ....................................

13. Declaration by Applicant

I hereby certify that the particulars given by me in this application are true and accurate. If any information are found to be incomplete or incorrect, I am fully aware that my application will be rejected or if found later, my studentship will be discontinue and liable to recover the chargers and other expenses whatsoever applicable according to the bond and agreement.

I am aware that by virtue of this training, I have no right to demand for a higher post. Although I have completed the course, I have no right to claim additional benefits from the department.

I am also aware that in case if I am selected for the above course I shall enter into an agreement and bond with the Director General of Health Services/Secretary to the relevant Provincial Council as stipulated in the said advertisement.

Date .................................................. Signature of the Applicant
Certificate of the Head of the Institution:-

I certify that particulars given by Mr / Mrs / Mis .................................................. (Designation) are correct and his/her the work and conduct of this applicant is .............................................. If selected, He/she could be released to follow BSc in (Radiography/Physiotherapy) Degree course conducted by University of Peradeniya.

..................................................  ..................................................  Date  Signature of Head of Institution (Rubber Stamp)

Certificate of the Regional Director of Health Service (for Provincial Applicants):-

I certify that particulars given by Mr / Mrs / Miss .................................................. (Designation) are correct and his/her the work and conduct of this applicant is .............................................. If selected, He/she could be released to follow BSc in (Radiography/Physiotherapy) Degree course conducted by General sir University of Peradeniya.

..................................................  ..................................................  Date  Signature of RDHS (Rubber Stamp)

Certificate of the Provincial Director of Health Service (for Provincial Applicants):-

I certify that particulars given by Mr / Mrs / Miss .................................................. (Designation) are correct and his/her the work and conduct of this applicant is .............................................. If selected, He/she could be released to follow BSc in (Radiography/Physiotherapy) Degree course conducted by University of Peradeniya.

..................................................  ..................................................  Date  Signature of PDHS (Rubber Stamp)