

දුරකථන) 0112669192 , 0112675011
தொலைபேசி) 0112698507 , 0112694033
Telephone) 0112675449 , 0112675280

ෆැක්ස්) 0112693866
பெக்ஸ்) 0112693869
Fax) 0112692913

විද්‍යුත් තැපෑල) postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)
website)



සුවසිරිපාය
சுவசிரிபாய

SUWASIRIPAYA

මගේ අංකය)
எனது இல) CF/EXO/06/2020
My No.)
මගේ අංකය)
உமது இல)
Your No.)

දිනය)
திகதி) 14.06.2020
Date)

සෞඛ්‍ය සහ දේශීය වෛද්‍ය සේවා අමාත්‍යාංශය
சுகாதார மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு
Ministry of Health & Indigenous Medical Services

General Circular Letter No: 02 - 34 / 2020

Deputy Director General – National Hospital of Sri Lanka,
All Hospital Directors Under the Line Ministry,
Medical Superintendent,
Heads of Departments.

**Second Efficiency Bar Examination for the post of Health Driver in
Grade II for which salary scale PL-3-2006(A) is stipulated of
Primary Technical Service Category of Ministry of Health & Indigenous
Medical Services – 2020 (1st Term)**

It is hereby notified that the Efficiency Bar Examination which should be passed before expiry of 3 years after promotion to Grade II of the post of Health Driver, will be held on 15.08.2020 in the media of Sinhala, Tamil and English. Place and time of the examination will be mentioned on the Admission Card.

02. Qualifications

The officers who have been promoted to Grade II of the post of Health Driver and those who have not yet completed the examination, are only eligible to apply for this examination.

N.B. :

As mentioned in the General Circular Letter No. 02-90/2015 dated 12.08.2015 of the Secretary of the Ministry of Health & Indigenous Medical Services, the officers who have exceeded 3 years in the Grade II of Health Drivers' Service as at 27.07.2012 need not apply for this examination, since such officers are exempted from this efficiency bar examination.

Take necessary action to send applications of the officers only who have been promoted to Grade II as at 13.07 .2020 which is the closing date of applications and have already received the appointment letters.

03. Applications

Applications prepared by the candidates in accordance with the specimen form of application appended to this circular should be sent by registered post to reach " Director (Examinations) Ministry of Health & Indigenous Medical Services, Suwasiripaya, No.385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before **13.07.2020** through the respective Heads of Institutes. The Head of Division should certify that the particulars furnished in each application are correct. A self addressed 2 envelopes (official or private address) in the size of 9" x 4" inches, affixed stamps to the value of Rs. 45.00 should be sent along with the application. Applications received after the closing date, incomplete or inaccurate will be rejected without notice.

N.B. :

Applications should be prepared using a paper of size A4 in such a way that the Nos 01 to 03 appear on the first side of the paper whilst the Nos 04 to 08 appear on the second side of the paper. Applications that do not comply with the above format will be rejected without notice.

04. Examination fees:-

- I Candidates who sit the examination for the first time need not pay examination fees. However in every subsequent sitting they should affix stamps to the value of Rs. 25/= per subject in the stamps cage provided for in the application and cancel the same by placing their signature and the date.
- II The fees once paid will not be transfer for any other examination or refunded under any circumstances.

05. Admission to the Examination :-

- I Candidates whose applications have been accepted will be issued with Admission Cards. They should duly complete and submit the same to the Supervisor at the Examination centre. Otherwise they will not be allowed to sit the examination.
- II Candidates should prove their identity to the Supervisor at the examination hall. For this purpose one of the following documents will be accepted.
 - (a) National Identity Card
 - (b) A formal identity card issued by the Ministry of Health & Indigenous Medical Services or a relevant institution
 - (c) Valid Driving License
 - (d) Valid Passport

06. Scheme of the Examination :-

This examination is inclusive of one essay type question paper which consists of three parts viz Establishments Code, Financial Regulations and Basic First aid. Relevant question paper consists of 07 questions, 02 questions from Establishments Code and Financial Regulations as one from each and 05 questions relevant to the training in transporting patients by ambulance. It is compulsory to answer questions relevant to the Establishments Code and Financial Regulations and only 02 questions out of 05 of the other part should be answered. Total marks 100. Candidates should obtain at least 40% marks to pass the examination. Duration is one hour.

07. **Syllabus of the Examination**

Establishments Code, Financial Regulations and Basic First aid Question paper

Establishments Code Chapter II and sections 1-4 of Chapter XLVII

Financial Regulations 102-110

From the training relevant to transporting patients by ambulance

08. **To follow the Regulations Related to Examination Procedure**

Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate and should not help any candidate either help another candidate or obtain help from another candidate or person. Further Mobile phones & the similar electronic equipments should not be used. Any candidate who disregards this rule is liable to punishment.

09. Please bring the contents of this circular to the notice of all relevant officers in your Institution.

The information is also available on the web site –www.health.gov.lk

N.B. :

Sinhala medium notification on the examination will be effected if any contradictory is arisen in the examination notification published in Sinhala, Tamil and English medium.



Donald Murage

Deputy Director General (Admin) II

For Secretary

Ministry of Health & Indigenous Medical Services

සෞඛ්‍ය සේවා දෙපාර්තමේන්තුව
සෞඛ්‍ය සේවා කොට්ඨාසය (පාලන)
සෞඛ්‍ය සේවා කොට්ඨාසයේ පාලන කොටස
"පාලන කොටස"
සෞඛ්‍ය සේවා කොට්ඨාසයේ පාලන කොටස
කොටස 10
Donald Murage
Deputy Director General (Admin) II
Ministry of Health, Nutrition & Indigenous Medical Services
New Baddera, Colombo 10.

Specimen form of application

Second Efficiency Bar Examination for the post of Health Driver in Grade II for which salary scale PL-3-2006(A) is stipulated of Primary Technical Service Category of Ministry of Health & Indigenous Medical Services – 2020 (1st Term)

01. (a) i. Full Name of the Applicant (In Sinhala/ Tamil) :

ii. Full Name of the Applicant (In English block letters)

iii. Name with initials (In Sinhala/ Tamil) :

iv. Name with initials (In English block letters)

(b) i. Date of promotion to Grade II and the number of the letter of promotion :-

ii. Period of service in Grade II as at 27.07.2012 :-

iii. Present Annual Salary :-

iv. Mobile Phone Number :-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

v. National Identity Card Number :-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

02. (a) Present Station of service (In Sinhala) :-

(In English):-

(b) District of the Present Station of service: -.....

(c) The working Station administrate by - Line Ministry

- Provincial Council

(d) If provincial council mention province: -.....

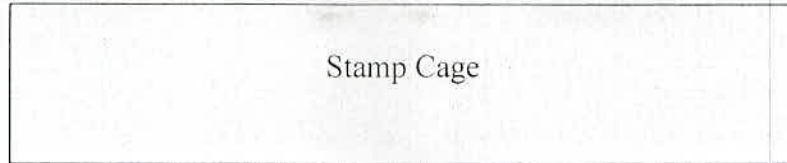
(e) Whether a self-addressed 2 envelopes in the size of 9" X 4" inches with stamps affixed to the value of Rs. <5.00 has been attached to the application to post the Admission Card?

(f) 1. Postal Address (In Sinhala):-.....

2. Postal Address (In English Capitals).....

03. Medium in which you sit for the examination (Sinhala/Tamil/English) :-.....

04. (a) Have you sit this examination before ?
- (b) If so, have you affixed stamps for this time ?



05. Certification of the candidate:-

- (I) I do hereby certify that the particulars furnished by me in this application are true and accurate to my knowledge and I need not affix stamps since I sit the Examination for the first time / have affixed stamps to the value of Rs. since I repeat the Examination*, and the stamps affixed by me to the application genuine and not used before.
- (II) I agree to abide by the rules and regulations imposed on this examination by Ministry of Health & Indigenous Medical Services and I agree with whatever decision taken to cancel my candidature, if it is found that I am not eligible according to the rules of this examination.

.....
Date

.....
Signature of the candidate

06. Certification of the officer who have handled the personal file.

I certify that Mr./Mrs./Miss*..... has correctly handed over me the duly filled application before the closing date and particulars furnished in this application are true and accurate as per the personal file and kept a copy of this application attached to the personal file.

Date:

.....
Name and Signature

07. Certification of Head of Institution:

I do hereby certify that Mr./Mrs./Miss*..... serves as a in this institution and he / she* sits the Examination for the first time / not for the first time* and has affixed stamps to the value of Rs. / not necessary to affix stamps* and the particulars furnished in the Application are true and correct to his/her* personal file and he/she* is eligible to sit for the Examination. he/she* placed his/her* signature before me.

Date:.....

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

08. Certificate of the Head of Decentralized unit / specialized Campaign

I certify that Mr./Mrs./Miss*..... serves as a in my Institution and particulars furnished in the application are correct in accordance with the particulars available in the personal file of the candidate and he/she* is eligible to sit for this examination.

.....
Date

.....
Signature of Head of Decentralized Unit /
Specialized campaign (Frank / Rubber stamp)

* -Delete words which are inapplicable