



## MINISTRY OF HEALTH AND INDIGENOUS MEDICAL SERVICES


### Fellowship for Dental Technicians in Dental Laboratory Technology

Applications are called from suitable Dental Laboratory Technicians who are working in the government service for an overseas training programme for one month duration. Those who are selected for training has to serve as tutors of Dental Laboratory Technicians Training School in the Institute of Oral Health, Maharagama and they have to sign an agreement with Director General of Health Services for that effect. Please send duly filled application to the following address, on or before **24 February 2020**. Please mention "Fellowship for Dental Technicians" on the top left hand corner of the envelop.

Deputy Director General (Dental Services)  
Office of the DDG (Dental Services)  
Ministry of Health and Indigenous Medical services  
Colombo 10

**Those who have following requirements can apply and two candidates will be selected.**

1. Should have obtained Diploma/Higher Diploma in Dental Technology or equivalent
2. Should have confirmed in the government post.
3. Should have completed minimum of five years in the government service as a dental technician.

  
Director General of Health Services  
Ministry of Health and Indigenous Medical services  
Colombo 10

Actg. Director General of Health Services  
Ministry of Health, Nutrition & Indigenous Medicine  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.

**SPECIMEN APPLICATION**

**Application for the Fellowship for Dental Technicians in Dental Laboratory Technology**

- 1. Name with initials :-
- 2. Full name :-
- 3. Date of birth :-
- 4. Gender :-
- 5. Address :-
- 6. National Identity Card No:-
- 7. Contact number :-
- 8. E-mail address :-
- 9. Present post :-
- 10. Present working station :-
- 11. Professional qualifications:-
- 12. Date of first appointment :-
- 13. Whether the confirmed in the service :-      No      Yes
- 14. Date of confirmation in the service :-
- 15. Grade seniority :-      Class I      Class II      Class III
- 16. Date which you were promoted to above Grade:-
- 17. Duration of service :-

18. Disciplinary Inquiry Details :-

Are there any disciplinary inquiries :- No Yes

If yes please add details :-

19. No Pay Details :-

Have you taken No pay leave:- No Yes

If yes please add details:-

I hereby certify that the above particulars are correct.

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Signature of the applicant

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Date

Observation and Recommendation of the Head of Institution

I certify the particulars furnished by the applicant, are correct. (State any incorrect information, if furnished by the applicant)

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Signature of Head of Institution

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Date