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இணையத்தளம்)
website)



සුවසිරිපාය
சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය)
எனது இல) TCS/C/05/2021
My No.)
ඔබේ අංකය)
உமது இல)
Your No. :)
දිනය)
திகதி) 2021.12. 06
Date)

සෞඛ්‍ය අමාත්‍යාංශය
சுகாதார அமைச்சு
Ministry of Health

Deputy Director General (NHSL/NH Kandy),
Provincial Directors of Health Services,
Regional Directors of Health Services,
Directors of Teaching Hospitals, Provincial General Hospitals, District General
Hospitals,
Heads of Decentralized Units and Specialized Campaigns.

End Posts of Senior Medical Administrative Grade Medical Officers – 2022

All officers who are currently in the Senior Medical Administrative Grade are eligible to apply for the below mentioned End Posts.

	End Posts vacant
1	Director, Teaching Hospital, Karapitiya
2	Director, Teaching Hospital, Anuradhapura

The scanned applications should be forwarded by Email – (tcs.moh.mag@gmail.com) under the subject “End Posts of Senior Medical Administrative Grade Medical Officers - 2022” and also through registered post / by hand on or before 21.12.2021.

Selections will be subjected to the structured interview.

Secretary
Ministry of Health

Dr. S. H. Munasinghe
Secretary
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka.

End Posts of Senior Medical Administrative Grade Medical Officers – 2022
(SPECIMEN APPLICATION FORM)

1	Name of the applicant:			
2	Present Post:			
3	Date of Birth:			
4	Date of appointment to:	DD	MM	YYYY
	Preliminary Grade			
	Grade II			
	Date of appointment to permanent post in SMAG			
	Date of assuming duties in SMAG			
	Date of assuming duties in the present post			
5	Post Intern merit:			
6	Postgraduate qualification:			
	Medical Administration	MSc		MD
	Community Medicine	MSc		MD
	Community Dentistry	MSc		MD
7	Contact Number	Office		Private
8	Email address:			

9. Acting / Attending to duties approved by Public Service Commission*

Duty Type (Acting / Attending)	Date of Start	Date of Completion	Institution	Post

*Certified copies of relevant documents should be attached.

10. No pay leave details

No.	Start date	End date	Reason

STATION SELECTED BY THE APPLICANT IN ORDER OF PREFERENCE

Order	Station
1	
2	

I do hereby certify that the above particulars are true and correct.

Signature of applicant

Date

Recommendation of the Head of Institution - Recommended & forwarded.

Signature and official stamp

Date