




05. If you encounter any issues in applying to your speciality/subspeciality, or have any observations/omissions/additions/corrections, please inform Director (Dental Services) immediately by fax and email.
06. i. Heads of Institutions are responsible to bring the contents of this circular to the notice of all Specialist Dental Surgeons and Senior Registrars (who have been release form PGIM training) any who are currently holding acting appointment temporarily, in their institutions and forward the application as indicated below.
- ii. All eligible applicant are hereby requested to send in their applications via fax/post on or before 12.07.2020 through formal channel to the address below.

**Director (Dental Services)**  
**Ministry of Health and Indigenous Medical Services**  
**"Suwasiripaya"**  
**385, Rev. Baddegama Wimalawansa Thero Mawatha**  
**Colombo 10**

**Tel / Fax : 011 2 692846**  
**Email : [directorateofdentalervices@gmail.com](mailto:directorateofdentalervices@gmail.com)**

  
**Dr. S.H. Munasinghe**  
**Secretary**

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





## Specimen Application Form

1. Name of the Applicant with initials:
  - a) Surname:
  - b) Other names:
2. Address :
3. Tel. No.:
4. Date of Birth:
5. Civil Status Single/Married/ Widowed
  - Working place of spouse
  - No of children
  - No of School going children
6. Present Post and the date of appointment there
7. Date of first appointment
8. Date of appointment to Grade 11
9. Date of appointment to Grade 1
10. Date of Board Certification by PGIM
11. Details of No Pay Leave (Please include the period)
12. Qualifications
13. List of Appointments held with dates

Appointments	Stations	From	To

### 14. Preferences


15. Special Claims if any

I certify the above particulars are correct

Date.....

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Signature of the Applicant

16. Observations and recommendations of the Head of the Institution

I certify the particulars furnished by the applicant are correct

Date.....

.....  
Signature of Head of the Institution

17. Observations and Recommendations of the Director/RDHS

Date.....

.....  
Signature of Head of Decentralized Unit