

දුරකථන) 011 2669192 , 011 2675011
தொலைபேசி) 011 2698507 , 011 2694033
Telephone) 011 2675449 , 011 2675280

ෆැක්ස්) 011 2693866
பெக்ஸ்) 011 2693869
Fax) 011 2692913

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

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

මගේ අංකය)
My No.) MA/MS/M/19/2016
எனது இல.)

ඔබේ අංකය)
உமது இல)
Your No. :)

දිනය)
திகதி) 05.10.2016
Date)



සුවසිරිපාය
சுவசிரிபாய


SUWASIRIPAYA

සෞඛ්‍ය, පෝෂණ සහ දේශීය වෛද්‍ය අමාත්‍යාංශය
சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

DDG NHSL,
All Director of line Ministry Hospitals,
All PDHS, RDHS,

Selection Criteria for AMIS-WHO-SEARO on Emergency & Trauma Care

1. All Grade Medical Officers working in ETU/PCU/Accident&Emergency care units with Ultra Sound Scan (US Scan) Facilities or have access to US Scan facilities.
2. Preference will be given to those who are already going to be remain in the Stations more than 2 years.
3. Those who are already attended US Scan work –shop with in the past 3 years will be not eligible.
4. Limited number opportunities will be given to private sector Candidates. Depending on the availability.
5. Final Decision on Selection of Candidates for the Programm will be upon the Deputy Director General (Medical Services)II.
6. Should be perment in service.
7. Should be below 45 years of age.


Dr. Amal Harsha De Silva
Deputy Director General (Medical Services II)
Dr. Amal Harsha de Silva
Deputy Director General (Medical Services) II
Ministry of Health, Nutrition & Indigenous Medicine
Colombo 10.

NB. closing date 2 weeks From publication on web site

**APPLICATION FOR THE AMIS-WHO-SEARO ON EMERGENCY & TRAUMA CARE
TRAINING IN SRI-LANKA NOVEMBER 5-6TH 2016**

1.NAME;

2.NAME WITH INITIALS:

3.DESIGNATION OF THE PATICIPANTS:

4.NATIONAL ID;

5.DATE OF BIRTH;

6.QULIFICATIONS;

7.CURRENT POST AND STATION;

8.LIST OF APPOINTMETS HELD WITH PERIOD;

9.WHEATHER YOU ARE ON TRANSFER ORDER; IF YES DETAILS

10.ACCOMODATION NEEDED; IF YES NOF DAYS (1)

I CERTIFY THAT THE ABOVE PARTICULARS ARE GIVEN BY ME IS TRUE AND CORRECT.