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சுவசிரிபாய

SUWASIRIPAYA

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எனது இல)
My No.) CF/EXM/01/2020

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Your No. :)

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திகதி)
Date) 11/03/2020

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சுகாதார மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு
Ministry of Health & Indigenous Medical Services

General Circular Letter No: 01 - 19/ 2020

Provincial Health Secretaries
Deputy Director General National Hospital of Sri Lanka
Provincial Directors of Health Services
Directors of Hospital under the Line Ministry
Regional Directors of Health Services
Heads of Institutions

**Departmental Examination for Preliminary Grade Medical Officers
and Dental Surgeons - March 2020**

It is hereby notified that the Departmental Examination should be passed by Medical Officers in Preliminary Grade before promotion to grade II, By Dental Surgeons before confirmation in the service and by the Medical officers in Administrative Grade or Specialist Grade who have not completed previously this Departmental Examination during a period of two years from the date of appointment to such post as per section 08 of the Medical service minute of Sri Lanka in the Health Services published in the Gazette Extraordinary of the Democratic Socialist Republic of Sri Lanka No. 1883/17 of 11.10.2014, will be held on **17/05/2020** in Sinhala, Tamil & English medium. The venue and the time of the examination will be notified along with the Admission Card.

02. Qualifications

Medical Officers in the Preliminary Grade who have not completed the relevant examination and Dental Surgeons who are not confirmed in the service can apply for this examination. Medical officer appointed to a post in the Administrative Grade or Specialist Grade previously without having completed this examination also can apply for the above Examination.

03. Applications

Applications that should be prepared by the candidates as per specimen shown at the end of this circular must be handed over to the head of the institute on or before 24/03/2020 The applications that are certified as all the eligibilities have been fulfilled, should be forwarded to the Director (Examinations), Ministry of health & Indigenous Medical Services, "Suwasiripaya" No.385,Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 30/03/2020 through their Heads of Institutions. The Head of Division should certify the accuracy of contents in each application. A self addressed envelope in the size of 9" x 4" inches, affixed with stamps to the value of Rs.45.00 should be sent along with the application. (Candidates can write their official or private address) Applications which are received late, incomplete or inaccurate will be rejected.

Note : The application should be prepared using an A4 paper based on the specimen form of the application so as to recommended from 01 to 04 (e) on the first front page and from 04 (f) to 09 on the second page. Applications which do not conform to above will be rejected any information.

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 same by placing their signature and the date.
- II The fees once paid will not be allowed to 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 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 or a relevant institution
 - (c) Valid Driving License
 - (d) Valid Passport
- III If you did not receive your admission card due to any unavoidable reason you can trace your examination centre and the index number through the web site; If you were able to trace your examination centre and the index number as mentioned above you are permitted to be presented at the examination centre in the web site together with a letter attesting your signature by your immediate superior officer and sit the examination by establishment of your identity. The Applicants who have received the admission card should certify their signature and should be bought. The applicants who have obtained the certification on their signature will not be entitled to face the examination. (Web site- www.health.gov.lk)

06. Scheme of the Examination :-

The examination consists of four parts that is three written essay type question papers and a Sinhala/Tamil oral test. Each part carries 100 marks. A minimum of 50 marks should be obtained for each part to pass the examination and this examination could be completed in one sitting or appearing for the parts of the examination in several sittings. At the first attempt officer should appear for all relevant subjects.

07. Syllabus of the Examination

07.1 Written Examination

07.1.1 Establishments Code Questions Paper

Duration 02 hours. Should answer five (05) out of eight (08) questions.

Syllabus

- (i) General Regulations of the Department of Health Services in Health Ministry
- (ii) Orders and Regulations of the Public Service Commission
- (iii) Establishments Code

Part I - Chapters VI, VII, VIII, IX, XII, XIII, XIV, XV, XVI, XVII, XVIII, XXIII, XXIV, XXV, XXVI, XXVII, XXVIII, XXX, XXXI, XXXII

Part II - Chapters XLVII & XLVIII

07.1.2 Administration of Hospitals & Dispensaries Questions Paper

Duration 1½ hours. Total marks 100. Should answers four (04) questions out of seven (07) questions.

Syllabus

Health Manual

- I. Administration of Hospital and Public Health
- II. Management of Laboratory Services
- III. Management of Drugs

07.1.3 Accounts Questions Paper

Duration 02 hours. Should answers 04 questions out of 07 questions.

Syllabus

- (i) Regulations of Stores Accounts of the Department of Health Services
- (ii) Sections of Finance in the manual of the Department of Health Services
- (iii) Financial Regulations relating to the daily routine duties of a Medical Officer of Health
 - Chapter I - F.R 1, 2, 78
 - Chapter II - F.R 90, 91, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 113, 115, 118, 119
 - Chapter III - F.R 124, 125, 126, 127, 128, 131, 133, 134, 135, 136, 137, 138, 139, 140, 142, 143, 151, 152, 154, 155, 156, 189
 - Chapter V - F.R 200, 201, 215, 225, 238, 245, 255, 257, 260
 - Chapter VI - F.R 380, 381, 382, 383, 384, 385, 386, 388, 389, 390, 391, 392, 393, 394
 - Chapter VII - F.R 488, 493
 - Chapter XIII - F.R 715, 716, 756, 757, 758

Procurement Guideline

- Chapter 1 - All Sections
- Chapter 2 - Section number - 2.3, 2.4, 2.5, 2.6, 2.7, 2.8
- Chapter 3 - Section number - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9

07.2 Viva Voce - Sinhala/Tamil


This oral test is conducted by the staff officers of the Departmental to measure the proficiency in Sinhala/Tamil. Ability of the Sinhala medium officers to communicate in Tamil medium and the ability of the Tamil medium officers to communicate in Sinhala medium regarding the matters that arise while discharging their normal duties is tested. Duration 10 minutes

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 Division / Specialized Campaign/ Institution. The information is also available in the Web Site – www.health.gov.lk

n.b - In case of any inconsistency between the texts Sinhala, Tamil and English the text in Sinhala Language shall prevail.


Donald Murage
Deputy Director General (Admin) II
For Secretary

Donald Murage
Deputy Director General (Admin) II
Ministry of Health, Nutrition & Indigenous Medicine
"Suwasiripaya"
365, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Ministry of Health & Indigenous Medical Services

Specimen form of application

**Departmental Examination for Preliminary Grade Medical officers
& Dental Surgeons - March 2020**

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

ii. Full Name of the Applicant (In English Capitals Block Letters)

iii. Name with initials (In Sinhala) :

iv. Name with initials (In English Block Letters)

(b) i. Designation (Please mark (√) in relevant cage)

I. Medical Officer

II. Dental Surgeon

ii. Date of Internship appointment :-

iii. Date of appointment to the preliminary Grade/ Grade II :-

02. Subjects Offered (Mark "√" within the cages against the subjects you offer in this Examination. Mark "X" against the subjects not offered)

Admin. of Hospitals & Dispensaries Establishments Code Accounts
Sinhala Viva Voce Tamil Viva Voce

03. Medium you sit for the examination (Mark "√" in relevant cage)

Sinhala English Tamil

04. (a) i. Present Station :-

ii. This Institution belongs to; Line Ministry

Provincial Council

(b) i. If Provincial Council mention Province:.....

ii. District of the Present Station :-

(c) Mobile Telephone No

(d) National Identity Card No

(e) Please mark '√' in the relevant cage of the examination centre you prefer out of the following centers. (If any or several examination centers, out of those given below, would be cancelled due to a departmental requirement or due to absence of a sufficient number of candidates. In such an instance, the candidates already attached to such centers would be re-attached to a closest examination centre or to another centre as decided by the Director General of Health Services)

Colombo	<input type="checkbox"/>	Kandana	<input type="checkbox"/>	Hambantota	<input type="checkbox"/>	Ampara	<input type="checkbox"/>
Kaluthara	<input type="checkbox"/>	Galle	<input type="checkbox"/>	Badulla	<input type="checkbox"/>	Vavuniya	<input type="checkbox"/>
Kurunegala	<input type="checkbox"/>	Anuradhapura	<input type="checkbox"/>	Rathnapura	<input type="checkbox"/>	Polonnaruwa	<input type="checkbox"/>
Kandy	<input type="checkbox"/>	Batticaloa	<input type="checkbox"/>	Jaffna	<input type="checkbox"/>	Trincomalie	<input type="checkbox"/>

(f) Whether two self-addressed envelopes in the size of 9 x 4 inches with stamps affixed to the value of Rs.45.00 has been attached to the application to post the Admission Card?.....

(g) (i) Postal Address to post the Admission Card (In Sinhala) :-

(ii) Postal Address to post the Admission Card (In English):-.....

05. (a) Whether you sit for the examination for the first time: -.....

(b) If not so, have you affixed stamps to the application? -.....

Stamp Cage

06. Certificate 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 are genuine and not used.

(ii) I agree to abide by the rules and regulations stipulated by the Ministry of Health & Indigenous Medical Services for the conduct of this Examination and if I was found ineligible in accordance with the scheme of the Examination I agree with whatever decision taken for the cancellation of my candidature.

Date.....

.....
Signature of the candidate

07. Certification of the officer who handle the personal file.

I certify that this application was handed over to me before the closing date and particulars furnished by the applicant in this application are true and accurate according to the particulars in the personal file and a copy of this application is attached to the personal file.

Date :

.....
Name and Signature

08. Certification of Head of Institution:

I certify that Mr./Mrs./Miss..... serves as a in this institution, and the particulars furnished by him/her in the application are correct according to the particulars in his/her personal file, and he/she sit the examination for the first time and he/she is eligible to sit this examination and he/she placed his/her signature in my presence.

Date :

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

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

Mr/Mrs/Miss serves as a Medical Officer / Dental Surgeon in my Division / Campaign* and the particulars furnished by him / her* in the Application are correct in accordance with the particulars available in his / her* personal file and he / she* is eligible to sit for the Examination.

Date

.....
Signature of Head of Decentralized unit/
Specialized campaign
(Frank / Rubber Stamp)

(*Delete words which are inapplicable)