

General Circular Letter:- 02 - 198 / 2016

My No: ETR/J/PHC/03/2016  
Office of the DDG (ET&R)  
Ministry of Health,  
385, Deans Road,  
Colombo 10.

02<sup>th</sup> December 2016

Provincial Health Secretaries,  
Provincial Directors of Health Services,  
Regional Directors of Health Services,  
Heads of Decentralized Units / Specialised Campaigns,  
Directors of Hospitals under the line Ministry & Heads of the Institutions.

Enrolment of Pharmacists to follow the Bachelor of Pharmacy (B. Pham) Degree Course conducted by University of Sri Jayewardenepura - (Lateral Entry - 10<sup>th</sup> Batch).

1. Applications are hereby invited from Pharmacists who are in-service and working under the Ministry of Health / Provincial Ministry of Health for lateral entry to Bachelor of Pharmacy (B. Pham) Course conducted by University of Sri Jayewardenepura. The selected candidates will be enrolled to the 2<sup>nd</sup> academic year to follow the B. Pharm. four (4) year degree course with an exemption of the 1<sup>st</sup> year, commencing on January 2017
2. **Entry Qualifications**
  1. Minimum of 05 years service in state sector at the date of closing application,
  2. Below 45 years of age by 20<sup>th</sup> December 2016.
  3. Passed in Biology (Zoology & Botany) Chemistry and Physics at the GCE (Advanced Level) in one sitting as a criteria specified by the said University,
  4. At least a pass (S) in English Language at the GCE (Ordinary Level) Examination,
  5. Registration in the Ceylon Medical College Council as a Pharmacist/ Certificate of Proficiency as a Pharmacist,
  6. Appropriate fitness for the selected field of study,
3. **Applications**

The applications should be prepared as per specimen form appended, duly certified by Head of Institution, in the case of line Ministry Institutions or by Regional Director, Provincial Director and Provincial Ministry of Health, and send by registered post to reach the Deputy Director General (Education Training & Research), "Suwasiripaya" No. 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 20<sup>th</sup> December 2016 through the Head of the Institution / Provincial Director of Health. Applications which are incomplete or received after the closing date will be rejected. The head of the institution/Provincial Director shall write legibly on left hand corner of envelop the words "Applications for enrolment of B. Pharm course for Pharmacists" to be written before sending.

4. Examination

The applicants will be required to sit for a selection test, which would include Theory & Viva components, conducted by the University of Sri Jayewardenepura.

5. Service Agreement

Paid leave would be granted for three (03) years to the selected candidates to undergo the B. Pharm course and they shall be bonded with the Director General of Health Services / Provincial Director of Health Service for the due completion of the course for Rs. 600,000.00 and to serve the Ministry of Health /Provincial Ministry of Health for a period of 10 years after completing the degree course.

In case, if the selected candidate fails to complete the said degree programme or fulfil the conditions laid down by the Ministry of Health/ Provincial Health Ministry pertaining to the bond and agreement, appropriate action legal will be taken against such candidates.

However by virtue of this training the candidates have no right to demand for a higher post. In addition, absorbing the trainees who have completed the course in to the department to a higher post depend on the existing vacancies and solely on the discretion of the appointing authorities.

6. Please ensure that the contents of this circular are brought to the notice of all eligible Pharmacists in your institution / Province /RDHS area /campaign.



Anura Jayawickrama  
Secretary, Ministry of Health, Nutrition & Indigenous Medicine

**Anura Jayawickrama**  
Secretary  
Ministry of Health, Nutrition & Indigenous Medicine  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10, Sri Lanka.

Cc;

1. Dean, Faculty of Medical Science, Sri Jayewardenepura University.
2. Deputy Director General (Admin) III for prepare Bond/Agreement.
3. Director (Admin) II
4. Course Coordinator - B. Pharm. Course, Sri Jayewardenepura.
5. Chief Legal Officer, Ministry of Health.

Application For

Enrolment of Pharmacists follows the Bachelor in Pharmacy (B. Pharm) Degree Course conducted  
by University of Sri Jayewardenapura – January 2017(Lateral Entry – 10<sup>th</sup> Batch)

1. Name with initials (In block letters)

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2. Full name of the applicant (In block letters)

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3. Date of first appointment as Pharmacist:- ..... Present Grade .....

4. Address Official:- .....

Private:- .....

Telephone:- Official .....(Private) ..... (Mobile) .....

5. Personal Information

Date of Birth:- ..... NIC No:- .....

6. Age:- ..... (Y)..... (M)..... (D) (as at the 20<sup>th</sup> December 2016)

7. Sex :- Male / Female

Marital Status:- .....

8. Educational Qualifications:

(I). G.C.E (Advanced Level) Examination Results: - Index No. .... Year:- .....

Subject	Grade
---------	-------

- |    |       |       |
|----|-------|-------|
| a. | ..... | ..... |
| b. | ..... | ..... |
| c. | ..... | ..... |
| d. | ..... | ..... |

(II). G.C.E (Ordinary Level) Examination Results: Index No. .... Year:- .....

- |    |                    |             |
|----|--------------------|-------------|
| e. | Subject :- English | Grade ..... |
|----|--------------------|-------------|

9. Particulars of employment :-

(I) Particulars of Present post held:

Designation .....

Institution /Department .....

Date of Appointment to Present Institution:- .....

Whether permanent/pensionable/non-pensionable/temporary : .....

Whether confirmed in the service .....If Yes Date ; .....

(II) Past employment records:-

Institution	Designation	From	To

(III) Professional Qualifications/ Other Qualifications:-

Examination	Year	Institution	Pass/Grade

10. Have you ever been convicted in a court of Law for criminal offence? , , , , , , , , .If so, furnish particulars of such conviction and penalty imposed? .....
11. Registration in the Ceylon Medical Council as a Pharmacist/ Ceylon Medical College Council, Certificate of Proficiency as a Pharmacist; Reg. No. ....Date .....

12. Declaration by Applicant

I hereby certify that the particulars given by me in this application are true and accurate. If any information are found to be incomplete or incorrect, I am fully aware that my application will be rejected or if found later, my studentship will be discontinued and liable to recover the charges and other expenses whatsoever applicable according to the bond and agreement.

I am aware that by virtue of this training, I have no right to demand for a higher post. Although I have completed the course, I have no right to claim additional benefits from the department.

I am also aware that in case if I am selected for the above course I shall enter into an agreement and bond with the Director General of Health Services/Secretary to the relevant Provincial Council as stipulated in the said advertisement.

.....  
Date

.....  
Signature of the Applicant

Certificate of the Head of the Institution:-

I certify that particulars given by Mr / Mrs / Miss ..... (Designation) .....  
..... in item 01 to 11 on this application are correct and his/her the work and conduct of this  
applicant is ..... If selected, He/she could be released to follow the B. Pharm course for  
three (03) years.

.....

Date

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

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Certificate of the Regional Director of Health Service (for Provincial Applicants):-

I certify that particulars given by Mr / Mrs / Miss ..... (Designation) .....  
..... in item 01 to 11 on this application are correct and his/her the work and conduct of this  
applicant is ..... If selected, he/she could be released to follow the B. Pharm course for  
three (03) years.

.....

Date

.....

Signature of RDHS (Rubber Stamp)

Certificate of the Provincial Director of Health Service (for Provincial Applicants):-

I certify that particulars given by Mr / Mrs / Miss ..... (Designation) .....  
..... his/her the work and conduct of this applicant is ..... If selected, he/she  
could be released to follow the B. Pharm course for three (03) years.

.....

Date

.....

Signature of PDHS (Rubber Stamp)