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සුවසිරිපාය
சுவசிரிபாய

SUWASIRIPAYA

මගේ අංකය)
எனது இல) D/DS/AT/136/2018
My No.)

ඔබේ අංකය)
உமது இல)
Your No. :)

දිනය)
திகதி) 18.01.2019
Date)

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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

All Secretaries of Provincial Ministries of Health
All Provincial / Regional Directors of Health Services
All Directors of Teaching and General Hospitals
All Medical Superintendents of Base Hospitals
All Heads of Decentralized Units, Specialized Campaigns & Institutions
All Regional Dental Surgeons / Dental Surgeons Concerned

Post of Senior Hospital Dental Officer
National Dental Hospital of Sri Lanka (Teaching), Colombo

Further to my even numbered and 04.01.2019 dated circular.

Applications were invited for the above post from Grade Dental Surgeons serving in the Department of Health Services on 05.01.2019. Closing date for submitting applications was 18.01.2019.

This is to notify that the due date for submitting application has been extended to 25th January 2019.

Application should be made on the specimen form attached herewith and should be sent to the following address to reach on or before 25th January 2019 through the respective Heads of Institution / Heads of the Decentralized Units.

Director (Dental Services)
Ministry of Health, Nutrition and Indigenous Medicine
"Suwasiripaya"
Colombo 10

Dr. T. B. Ananda Jayalal
Deputy Director General (Dental Services)
Ministry of Health Nutrition & Indigenous Medicine
"Suwasiripaya",
Colombo-10.

Dr. Ananda Jayalal
Deputy Director General (Dental Services)

Application for the post of Senior Hospital Dental Officer National Dental Hospital (Teaching) of Sri Lanka Colombo

Personal Details

Personal File No.

NIC No.

SLMC Reg. No.

Surname / Last Name

Initials

Name in Full

Gender

Date of Birth

Marital Status

Contact Details

Mobile 1

Land Line

Permanent Residential Address

E-mail

Appointments Details

Your current working Station

Current post and the designation

Date reported to the present station

Date of First Appointment

Date of confirmation in Grade II

Date of confirmation in Grade I

Date of Retirement

No pay details (If any)

Past Appointments

(Please include all the previous working stations)

Station

Post

From Date

To Date

Other Details

(Include any other details if any)

I certify that the above particulars are correct

Signature of Applicant & Date

Observation and Recommendation of the Head of Institution / Decentralized Unit / Specialized Campaign.

I certify the particulars furnished by the applicant, are correct.

Signature & Official Stamp