

- (d) Should be physically fit and willing to serve in any part of the Island ;
- (e) Certified copies of the voters' list should be sent along with the application to prove 03 years residence within the district applied for by the candidate. If the name of the applicant is not available in the voters' list, the names of his/her, parents should be available in the voters' list.

In order to confirm the names of the parents, a certified copy of the Certificate of Birth of the applicant should be sent along with the application.

Only those applicants who satisfy the above qualifications will be called for the interview. The required number will be selected at district level based on the merit order of marks secured at the G.C.E. (A/L) Examination 2000, 2001, 2002 and 2003.

The applicants who have already submitted applications in terms of *Gazette* Notifications dated 14.03.2003 and 27.08.2004 need not apply again.

03. *Method of Application.*—(a) Application should be prepared using both sides of a paper in the size of 8 1/2" x 13 1/2" on the form of specimen appended to this notice. The Section 01-09 should appear on Page No. 1 and Section 10 on Page No. 02 and Section 11 14 on Page No. 03 as per in the specimen form of application.

- (b) Applications duly perfected should be sent under Registered Cover to reach the Director (Administration) 01, Ministry of Healthcare, Nutrition and Uva-Wellassa Development, No. 385, "Suwasiripaya", Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10 on or before 19.09.2005. The words "Recruitment to the Pupils Nurses Training 2004" should be clearly written on the top left hand corner of an envelope enclosing applications. Applications received late will be rejected while the department will not take the responsibility of lost or delay of applications in the post.

The signature of the application should be attested by an Officer in the Sri Lanka Administrative Service/Education Service/Government Accountant's Service/Principal of a Government School / Justice of the Peace/Attorney-at-Law or by an Officer in the Public Service drawing a salary not less than Rs. 80,160.p.a.

04. *Scheme of Training.*—(a) The selected applicants will be admitted to the Nurses Training School as Pupil Nurses and they should follow the training courses for 03 years in Sinhala/Tamil Language medium.

- (b) The trainees at the time of admission to the training will be provided with rules and regulations in force within the school of training. They are bound by these rules and regulations and also by an other rules and regulations which would be enforced from time to time.
- (c) The trainees who are unsuccessful at the prescribed examinations or whose work and conduct are found to be unsatisfaction or who failed to comply with the examinations and leave regulations of the school of which they are assigned during the period of training are liable to be discontinued from training at any time without payment of any compensation.
- (d) The trainees during the period of training in a School of Nursing will be paid and allowance as follows :
 - (i) 1st Year — Rs. 60,180 p.a.
 - 2nd Year — Rs. 61,500 p.a.
 - 3rd Year — Rs. 62,820 p.a.

After successful completion of the training, they will be appointed to the Post of Staff Nurse Grade II Seg. "B" by the Director General of Health Services, on the relevant salary scale depending on the availability of vacancies in the post.

- (e) The trainee should pay to the Department all the allowances paid to him/her and the expences incurred on his/her behalf within the period of training, provided he/she withdraw or vacated from training during the period of training.

05. *Conditions and the Agreement of Remaining Unmarried.*— (a) All applicants should be unmarried at the time of submitting their applications and it is compulsory that they should remain unmarried during the period of their 03 years training. A certificate obtained from the Grama Niladhari confirming the status of unmarried should be sent along with the application.

- (b) The Pupil Nurses at the time of admission to the Nurses Training School should enter into an agreement with the Director General of Health Services, that they complete the training successfully and serve the Department of Health Services, minimum of 10 years after completion of the training. The Director General of Health Services will decide on this period from time to time.

06. *Terms of Engagement.*—(a) The Post of Staff Nurse to which the Pupil Nurses are appointed, on the results of the final examination conducted at the end of the training is pensionable and contributions should be made to the Contributory Pension Scheme.

(b) The appointment to the Post of Staff Nurse Grade II Seg. “B” will be subject to the 03 years probation.

07. *Service Conditions.*—(a) All the trainees before commencement of the training should undergo to a Medical Examination.

(b) Appointment will be given to the vacancies existing in the Post of Nursing Officers Grade II Seg. ‘B’ on the salary scale of Rs. 108,120 - 7 x 1,800 - 5x 2,880 - Rs. 135,320 p.a.

(c) All the officers in the Nursing Service are subject to the, Provisions in the Establishments Code of the Democratic Socialist Republic of Sri Lanka transfers implemented in terms of policies stipulated by the Department of Health Services, Financial and other Regulations and to the other rules and regulations enforced by the Government from time to time.

Secretary,
Ministry of Healthcare, Nutrition and
Uva-Wellassa Development.

APPLICATION FOR THE RECRUITMENT FOR PUPIL NURSES TRAINING — 2004

01. (a) Name with initials (in English capitals) :———.
(b) Name in full (in Sinhala) :———.

02. Postal Address (in English) :———.

03. (a) Permanent Address (in Sinhala) :———.
(b) District (in English) :———.

04. Date of Birth :
Year:———, Month :———, Date :———.

05. Male/Female : ✓ Mark in the relevant cage :-

Male	
Female	

06. Whether Citizen of Sri Lanka : ✓ Mark in the relevant cage :

Yes	
No	

07. National Identity Card No.:———.

08. Height :
Feet:———. Inches :———.

09. Medium of Training : ✓ Mark in the relevant cage :

Sinhala	
Tamil	

10. (a) General Certificate of (Advanced Level) Examination (Science Stream of Subjects) (Please attach a copy of the mark sheet) :

Year :.....

Index No.:.....

<i>Subject</i>	<i>Grade</i>	<i>For Office use only</i>	<i>Subject</i>	<i>Grade</i>	<i>For Office use only</i>
1			3		
2			4		

- (b) General Certificate of Education (Ordinary Level) Examination :—

- (1) Year and month of the Examination :.....
(2) Index No.:.....
(3) First Sitting :

<i>Subject</i>	<i>Grade</i>	<i>For Office use only</i>	<i>Subject</i>	<i>Grade</i>	<i>For Office use only</i>
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		

- (4) Second Sitting :

Index No. :.....

<i>Subject</i>	<i>Grade</i>	<i>For Office use only</i>	<i>Subject</i>	<i>Grade</i>	<i>For Office use only</i>
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		

11. Have you been found guilty for any charge by a Court of Law ? :

Yes	
No	

If 'yes' please give details :.....

12. Please indicate in order of your preference the Second School of Nursing you are willing to undergo training if you were selected for Pupil Nurses' Training :

(Preference may be marked numerically as 1, 2 etc.)

School of Nursing Colombo	
School of Nursing Kandy	
School of Nursing Jaffna	
School of Nursing Kandana	
School of Nursing Anuradhapura	
School of Nursing Galle	
School of Nursing Kurunegala	
School of Nursing Badulla	
School of Nursing Ratnapura	
School of Nursing Batticaloa	
School of Nursing Sri Jayawardhenapura	
School of Nursing Ampara	

12. Certificate of applicant

- (a) I do hereby certify that the particulars furnished by me in this application are true and accurate to my knowledge.
(b) I am also aware that if any particulars contained therein are found to be false or incorrect I am liable to disqualification before selection and to dismissal, if it is discovered so after appointment.

_____,
Signature of applicant.

Date : _____.

14. Attestation :-

I do here by certify that the applicant.....is personally known to me and he/she is placed his/her signature in my presence on.....day of.....2005.

_____,
Attesters Signature.

Full Name of the Attesting Officer : -

Designation : -

Address : -

Date : -

08-767