

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

- (i) Year and month of the examination :———. .
(ii) Index No. :———. .
(iii) 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			7		
2			8		
3			9		
4			10		
5			11		
6			12		

(iv) Second 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			7		
2			8		
3			9		
4			10		
5			11		
6			12		

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 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 Rathnapura	
School of Nursing Batticaloa	
School of Nursing Sri Jayawardanapura	
School of Nursing Ampara	

- 13 (a) I 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.

Affix stamps to the value Rs. 100 and cancel same by signing over it.

_____,
Signature of Applicant.

Date : _____.

14. Attestation :

I do hereby certify that the applicant is personally known to me and he/she is placed his/her signature in my presence on day of 2006.

_____,
Attestor's Signature.

Full Name of the Attesting Officer : _____.

Designation : _____.

Address : _____.

Date : _____.

02-825

**DEPARTMENTAL EXAMINATION FOR
PRELIMINARY GRADE MEDICAL OFFICERS AND
DENTAL SURGEONS
MARCH - 2006**

IT is hereby notified that the Departmental Examination for Preliminary Grade Medical Officers & Dental Surgeons which should be passed by them before promotion to grade II in terms of section 07 of the Minute of Medical Officers in the Health Services, published in the *Gazette* (Extra Ordinary) No. 662/11 of 17.05.1991 of the Democratic Socialist Republic of Sri Lanka will be held on 26th March, 2006 in Sinhala, Tamil & English media. The venue and the time of the examination will be notified along with the Admission Card.

02. *Qualifications.*—Preliminary Grade Medical Officers & Dental Surgeons who have not completed the relevant examination can apply for this examination.

03. *Applications.*—Applications prepared by the candidates as per specimen appended to this letter should be sent under Registered cover to reach the Director (Examinations) "Suwasiripaya" No. 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 28.02.2006 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. 5.00 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.

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) Departmental Identity Card ;
(c) Driving License ;
(d) Passport.

06. *Scheme of the Examination.*—The examination will consist of three written question papers, & a Sinhala/Tamil *Viva Voce* test. Each part will receive 100 Marks. Candidates should score a minimum of 50 marks for a pass in each part. The Examination can be completed at one sitting or at several sittings. Officers who apply for the first time should appear for all the subjects.

07. *Syllabus of the Examination :*

07.01 Written Examination

07.1.1 Establishments Code

Duration 02 hours. Should answer five (05) out of eight (08) questions. Total marks 100.

Syllabus :

(i) Establishments Code —

(a) Part I - Chapters II, III, V, VI, VII, VIII, IX, XI, XII, XIII, XV, XXIV, XXV, XXVII, XXVIII, XXX, XXXI, XXXII, XXXIII

(b) Part II - Chapters XLVII & XLVIII

(ii) General Regulations of the Department of Health Services

(iii) Orders of the Public Service Commission

07.1.2 *Administration of Hospitals & Dispensaries*

Duration 1 1/2 hours. Total marks 100. Should answers four (04) questions out of seven (07) questions.

Syllabus :

Health Manual

Part I - Medical Services

Part II - Laboratory Services

07.1.3 *Accounts :*

Duration 02 hours. Should answers 04 questions out of 07 questions. Total Marks 100.

Syllabus :

(i) Financial Regulations - Part 1

- Chapter I - All Sections
II - All Sections
III - All Sections
IV - All Sections
V - Sections 1, 2, 3, 4 and 6

VI -All Sections

VII -Sections 1, 2, 3, 4 & 6

(ii) Regulations of Stores Accounts of the Department of Health Services

(iii) Sections of Finance in the manual of the Department of Health Services

(iv) Financial Regulations relating to the daily routine duties of a Medical Officer of Health

07.2 *Viva Voce - Sinhala/ Tamil :*

The Staff Officers in the Department of Health Services will conduct this Examination in Colombo to examine the proficiency in Sinhala/Tamil Language. Total Marks 100. Skills of Officers to discuss on matters pertaining to their daily routine duties will be examined.

08. The information is also available in the Web Site - www.health.gov.lk.

Dr. H. A. P. KAHANDALIYANAGE,
Director General of Health Services.

Ministry of Healthcare and Nutrition,
“Suwasiripaya”
385, Ven. Baddegama Wimalawansa Thero Mawatha,
Colombo 10,
09th February, 2006.

Specimen form of application

For Office Use Only

DEPARTMENTAL EXAMINATION FOR PRELIMINARY
GRADE MEDICAL OFFICERS & DENTAL SURGEONS -
MARCH, 2006

01. (a) (i) Name of the Applicant (In Sinhala or Tamil with initials at the end) : _____,
(ii) Name of the Applicant (In English Capitals with initials at the end)

(iii) Names denoted by initials (In English Capitals)

(b) (i) Designation (Medical Officer/Dental Surgeon) : _____,

(ii) Date of Internship appointment : _____,

(iii) Date of Completion of intern ship : _____,

(iv) Date of appointment to the preliminary Grade : _____,

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

Administration of Hospitals & Dispensaries ☐

Accounts ☐

Establishments Code ☐

Sinhala Viva Voce ☐

Tamil Viva Voce ☐

03. (a) Present Station : _____,
(b) District of the Present Station : _____,
(c) Examination Centre Preferred (If sufficient number of candidates are not available any examination center action will be taken to refer them to the closest examination center) Mark "✓" in the relevant cage.

Colombo	<input type="checkbox"/>	Kandana	<input type="checkbox"/>	Mulleriyawa	<input type="checkbox"/>
Kalutara	<input type="checkbox"/>	Galle	<input type="checkbox"/>	Badulla	<input type="checkbox"/>
Kurunegala	<input type="checkbox"/>	Anuradhapura	<input type="checkbox"/>	Rathnapura	<input type="checkbox"/>
Kandy	<input type="checkbox"/>	Batticaloa	<input type="checkbox"/>	Jaffna	<input type="checkbox"/>

- (d) Whether a self - addressed envelop in the size of 9 x 4 inches with stamps affixed to the value of Rs. 5.00 has been attached to the application to post the Admission Card ?

- (e)(i) Postal Address to post the Admission Card (In Sinhala/Tamil) : _____,

- (ii) Postal Address to post the Admission Card (In English Capitals) : _____,

04. Medium you sit for the examination (Sinhala /English/ Tamil) : _____,

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 Department of Health 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.

_____,
Signature of the Candidate.

Date : _____ 2006,

07. Certification of Head of Institution

Mr/Mrs/Miss serves as a medical officer/Dental Surgen in my institute and he/she* sits the Examination for the first time/repeats the Examination*he/she*need not affix stamps/ has affixed stamps* to the value of Rs..... to the Application and he/she* placed his/her*signature in my presence.

_____,
Signature of Head of Institution/
Frank/Rubber Stamp.

Date : _____ 2006,

08. Certificate of the Head of Decentralized Unit/ Specialised 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.

_____,
Signature of Head of Decentralized Unit/
Specialised Campaign,
(Frank/Rubber Stamp)

Date : _____ 2006,

* Delete words which are inaplicable

02-827