

දුරකථන,) 0112669192 , 0112675011
☎) 0112698507 , 0112694033
Telephone) 0112675449 , 0112675280

ෆැක්ස්) 0112693866
பெக்ஸ்) 0112693869
Fax) 0112692913

විද්‍යුත් තැපෑල) postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)
website)



සුවසිරිපාය
சுவசிரிபாய

SUWASIRIPAYA

සෞඛ්‍ය අමාත්‍යාංශය
சுகாதார அமைச்சு
Ministry of Health

මගේ අංකය)
எனது இல) CF/EXP/15/2024
My No.)
ඔබේ අංකය)
உமது இல)
Your No. :)

දිනය)
திகதி) 30.08.2024
Date)

General Circular Letter No: **02 - 127 / 2024**

Provincial Health Secretaries,
Deputy Director General – National Hospital of Sri Lanka, Colombo
Director - National Hospital, Kandy
All Hospital Directors Under the Line Ministry,
Provincial Directors of Health Services,
Regional Directors of Health Services,
Heads of Institutions

Second Efficiency Bar Examination for the Associated Officer Service Category (MN-4-2016) of the Ministry of Health - 2024 (Second Term)

It is hereby notified that the Efficiency Bar Examination which should be passed by the officers of the Associated Officer Service Category for which MN-4-2016 salary scale is stipulated of the Ministry of Health before expiry of 3 years from the date of promotion to Grade II, will be held on 13.10.2024 in the medium of Sinhala, Tamil and English. The venue and time of the examination will be mentioned on the admission card.

02. Qualifications

Only the officers who have not completed this examination upto now and have been promoted to Grade II of a post (**Development Assistant, Planning and Program Assistant, Public Coordinating Assistant, Medical Record Assistant**) belonging to Associated Officers' Service Category of the Ministry of Health for which the salary scale MN-4-2016 has been prescribed are eligible to apply for this examination.

N.B. :

Take necessary actions to send applications of the officers only who have been promoted to Grade II as at 18.09.2024 which is the closing date of applications and have already received the appointment letter

03. Applications

Applications prepared by the candidates in accordance with the specimen form of application appended at the end of this circular should be sent by registered post to reach " Director (Examinations) Ministry of Health, Suwasiripaya, No.385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 18.09.2024 through their Head of Institutions. The name of the examination applied for should be mentioned as "Second Efficiency Bar Examination for the Associated Officer Service Category (MN-4-2016) of the Ministry of Health - 2024 (Second Term) on the top left corner of the envelope. It is mandatory that the subject officer in charge of personal files and the head of the institution certify that all the information provided in each application is correct that the applicant meets the required qualifications to appear for this efficiency bar examination. One self-addressed envelopes (Candidates can write their official or private address) in the size of 9" x 4" inches, affixed with stamps to the value of Rs.110.00 should be sent along with the application. (Applications which are received late, incomplete or inaccurate will be rejected without any the notice.)

N.B.:

The application should be prepared using an A4 paper based on the specimen form of application so to accomodate from No.01 to 02 on the first page and from no 03 to 08 on the second page. Applications that do not comply with the above format will be rejected without notice.

04. Examination fees:-

- I Candidates who sit for 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 in the application and cancel the 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. The admission cards should be duly completed and submitted 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

06. Scheme of the Examination:-

This examination consists of a subject related question paper. Duration for this paper is 02 hours. Total marks are 100 and minimum of 40 marks should be secured to pass the examination.

07. Syllabus of the Examination

Subject knowledge:-

This paper is prepared from subject related facts about the duties relevant to the post.

This paper consists of 06 essay type questions. Out of 06, 04 questions should be answered.

08. To follow the Regulations Related to Examination Procedure

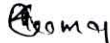
Candidates are warned against copying or attempting to copy from the script of another candidate or from any book or paper or notes whatsoever. No candidate should attempt to look at the script of another candidate and should not help any candidate either help another candidate or obtain help from another 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 letter to the notice of officers of your Institution in the posts mentioned in paragraph 02 belonging to Associated officers' Service Category of Ministry of Health for which the salary scale MN-4-2016 has been prescribed. The information is also available on the web site – www.health.gov.lk

Web Path ; www.health.gov.lk → Staff Assess → Administration → Examination → Circulars

N.B. :

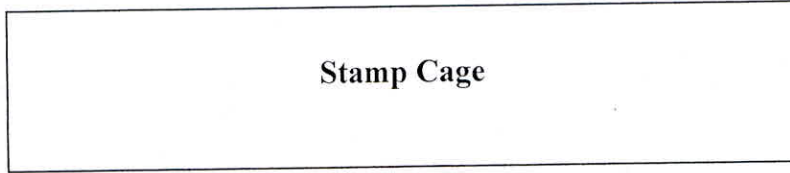
Sinhala medium notification on the examination will be effected if any contradictory is arisen in the examination notification published in Sinhala, Tamil and English medium.



Chamika H Gamage
Deputy Director General (Admin) II
For Secretary

Chamika H. Gamage
Deputy Director General (Administration)
Ministry of Health
"Suwasiripaya"
Colombo 10

04. (a) Have you sit this examination before ?
- (b) If so, have you affixed stamps for this time ?



05. Certification 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 genuine and not used before.
- (II) I agree to abide by the rules and regulations imposed on this examination by Ministry of Health and I agree with whatever decision taken to cancel my candidature, if it is found that I am not eligible according to the rules of this examination.

.....
Date

.....
Signature of the candidate

06. Certification of the officer who have handle the personal file.

I certify that Mr./Mrs./Miss*..... has correctly handed over me the duly filled application before the closing date and particulars furnished in this application are true and accurate as per the personal file and,he/she has satisfied all the qualifications required to sit this examination and kept a copy of this application attached to the personal file.

Date :

.....
Name and Signature

07. Certification of Head of Institution:

I do hereby certify that Mr./Mrs./Miss*..... serves as a in this institution and he / she* sits the Examination for the first time / not for the first time* and has affixed stamps to the value of Rs. / not necessary to affix stamps* and the particulars furnished in the Application are true and correct to his/her* personal file and he/she* is eligible to sit for the Examination. he/she* placed his/her* signature before me.

Date :

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

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

I certify that Mr./Mrs./Miss*..... serves as a in my institution and particulars furnished in the application are correct in accordance with the particulars available in the personal file of the candidate and he/she* is eligible to sit for this examination.

.....
Date

.....
Signature of Head of Decentralized Unit /
Specialized campaign (Frank / Rubber stamp)

* -Delete words which are inapplicable