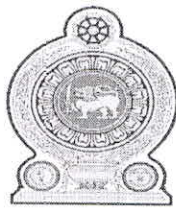


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විද්‍යුත් තැපෑල ) postmaster@health.gov.lk  
மின்னஞ்சல் முகவரி )  
e-mail )

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இணையத்தளம் )  
website )



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சுவசிரிபாய  
SUWASIRIPAYA

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உமது இல )  
Your No. )

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திகதி )  
Date )

16 / 03 / 2025

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சுகாதார மற்றும் வெகுஜன ஊடக அமைச்சு  
Ministry of Health & Mass Media

Provincial Health Secretaries,  
Provincial Directors of Health Services,  
Regional Directors of Health Services,  
Heads of Decentralized Units / Specialized Campaigns,  
Directors of Hospitals under the line Ministry,  
All Heads of the Institutions,

**Lateral Entry to B.Sc. Programmes at Faculty of Allied Health Sciences, University Peradeniya - 2025**

Applications are hereby invited from suitably qualified candidates who are currently in Health Services and working under the Ministry of Health / Provincial Ministry of Health to follow the B. Sc. (Hons) in Physiotherapy / Radiography degree programmes conducted by the Faculty of Allied Health Sciences, University of Peradeniya. The duration of the course at the University of Peradeniya is four (04) years. Paid leave will be granted only for the first 03 years, and the last year is clinical attachment. Therefore, paid leave for the last year will not be granted.

**1. Entry Qualifications**

- 1) Applicant should have a Diploma in respective disciplines and should be registered with the Sri Lanka Medical council. (SLMC)
- 2) Applicant should have completed a minimum of five (05) years of active service under the Ministry of Health / Provincial Ministry of Health in the relevant post and shall be permanent officers in the post at the date of closing applications.
- 3) Applicant should be below 45 years of age at the date of closing applications.
- 4) Applicant should have appropriate mental and physical fitness to pursue the course of the selected field of study.
- 5) Trainees will be selected from an aptitude test and interview conducted by the University of Peradeniya.
- 6) Applicant shall at least have a credit pass (C) in English for GCE (O/L) examination.
- 7) Applicant who applies for the Physiotherapy Degree Programme should have passed the GCE (A/L) examination in the Biology Stream (Biology: Zoology & Botany, Chemistry, and Physics) in one sitting.
- 8) Applicant who applies for the Radiography Degree Programme should have passed the GCE (A/L) examination in either the Biology Stream (Biology: Zoology & Botany, Chemistry and Physics) or the Mathematics Stream (Combined Mathematics: Pure Mathematics and Applied Mathematics, Chemistry and Physics) in one sitting.

## 2. Applications

- a. The applications should be prepared as per the specimen form appended here and should be duly certified by the Head of the Institution. In the case of Line Ministry Institutions, the head of the institutions and in the case of Provincial Institutions, the Regional Director of Health Services, and the Provincial Director of Health Services, Provincial Secretary of Health should certify and authorize the applications.
- b. Applications should be sent by Registered Post to reach the **Deputy Director General (Education, Training & Research), Ministry of Health & Mass Media, "Suwasiripaya" No. 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10, on or before 16<sup>th</sup> March 2025**, through the Head of the Institution / Provincial Secretary of Health. Applications which are incomplete or received after the closing date will be rejected. The words "**Lateral Entry to B.Sc. Programmes at Faculty of Allied Health Sciences, University of Peradeniya – 2025**" Should be legibly marked in the left upper corner of the envelope.
- c. **Two copies of applications with relevant documents** should be sent in the registered post to above mentioned address.
- d. **Please note that delayed application after the closing date will not be taken. The applications should reach the ET&R Unit on or before the closing date.**

## 3. Selection Examination

The applicants will be required to sit for an aptitude test and interview conducted by the University of Peradeniya and the structure of the examination will be decided by the University of Peradeniya.

## 4. Service Agreement

Selected candidates will be granted three (03) years of paid leave. Candidate should sign a bond with the Secretary of Health / Provincial Secretary of Health agreeing to duly complete the course and to serve for 10 years obligatory service in the Ministry of Health (Line Ministry or Provincial Ministry) upon completion of the course. The value of the Bond shall be Rs.600,000/=

In the event a selected candidate fails to complete the said degree programme or failing to fulfil the conditions laid down by the Ministry of Health / Provincial Health Ministry pertaining to the bond and agreement, appropriate legal action will be taken against such candidates to recover the bond and agreement. The officer shall revert back to their original position and place of work.

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

5. Please ensure that the contents of this letter are brought to the notice of all eligible officers in your Institution / RDHS area / Province / Campaign.

  
**Dr. Anil Jasinghe**  
Secretary

**Dr. Anil Jasinghe**  
Secretary  
Ministry of Health & Mass Media  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10

cc.

1. Additional Secretary (Admin) II
2. Director General of Health Services
3. Deputy Director General (Education, Training & Research) - (F.N.A)
4. Deputy Director General (Admin) III – (F.N.A)
5. Director (Training) - (F.N.A)
6. Director – Administration II - To prepare Bond and Agreement
7. Dean, Faculty of Allied Health Sciences, University of Peradeniya
8. Chief Legal Officer, Ministry of Health

**B. Sc. (Hons) in Physiotherapy / B. Sc. (Hons) in Radiography Degree Programme - 2025**

1. Name with initials (In block letters): .....

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

3. i) Designation: .....

ii) Date of first appointment: .....

iii) Present Grade: .....

4. Address

i) Official: .....

ii) Private: .....

5. Telephone:

Official: ..... Private: ..... Mobile: .....

6. Date of Birth (Y/M/D): .....

7. NIC No: .....

8. Age: (Y) ..... (M) ..... (D) ..... (as at 16th of March 2025)

9. Sex: - Male / Female: .....

10. Marital Status .....

11. Educational Qualifications:

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

<b>Subject</b>	<b>Grade</b>
.....	.....
.....	.....
.....	.....
.....	.....

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

<b>Subject</b>	<b>Grade</b>
English	.....

12. Details of employment

a. Current employment

i. Designation: .....

ii. Institution / Department: .....

iii. Date of appointment to the present station: .....

iv. Permanent / Pensionable / Non – Pensionable / Temporary: .....

v. Are you confirmed in the service (Yes / No) .....

vi. If Yes, Date of confirmation: .....

b. Past employment records

Institution	Designation	From	To

c. Professional Qualifications/ Other Qualifications

Examination	Year	Institution	Pass/Grade

13. Have you taken /given no pay leave? (Yes / No) .....  
 If Yes, Please give details .....

14. Have you ever been convicted in a court of Law for a criminal offence? (Yes / No) .....  
 If yes, furnish particulars of such conviction and penalty imposed. ....

15. Registration Number in the Sri Lanka Medical Council (E.g. Physiotherapy / Radiography) .....  
 Number ..... Date .....

16. Applicants are required to attach certified copies of following certificates along with the application form.

Attachments	
Birth Certificate	√
National Identity Card	
Educational Certificates	
Diploma Certificate of related Designation	
Registration certificate of SLMC	
Service confirmation letter	
A letter of confirming 5-year active service	

17. Declaration by Applicant

I hereby certify that the particulars given by me in this application are true and accurate. If any information is 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 any other expenses applicable according to the bond and agreement.

I am aware that by virtue of this training, I have no right to demand 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 Secretary of Health / Provincial Secretary of Health as stipulated in the said advertisement.

.....  
**Date**

.....  
**Signature of the Applicant**

**Certification of the Subject Clerk & Administrative Officer**

I certify that particulars given by Mr / Mrs / Miss ..... (Designation) ..... in sections 01 to 16 are correct. I confirm that there is ..... (NO / HAVE) disciplinary action against this officer and do ..... (NOT HAVE / HAVE) no pay leave.

.....  
**Date** ..... **Relevant Subject Clerk - Name & Signature** .....

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I certify that particulars given by Mr / Mrs / Miss ..... (Designation) ..... in sections 01 to 16 are correct. I confirm that there is ..... (NO / HAVE) disciplinary action against this officer and do ..... (NOT HAVE / HAVE) no pay leave.

.....  
**Date** ..... **Administrative Officer -Name, Signature & Official Stamp** .....

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**Certification of the Head of the Institution (Line Ministry Institutions)**

I certify that particulars given by Mr / Mrs / Miss ..... (Designation) ..... in sections 01 to 16 are correct and his/her work and conduct are..... If selected, he/she ..... (**could be released / cannot be released**) for 3 years to follow BSc. (Hons) in Physiotherapy / Radiography Degree Programme conducted by the University of Peradeniya.

.....  
**Date** ..... **Signature of Head of Institution (Official Stamp)** .....

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**Certification of the Regional Director of Health Service (for Provincial Applicants)**

I certify that particulars given by Mr / Mrs / Miss ..... (Designation) ..... in sections 01 to 16 are correct and his/her work and conduct are..... If selected, he/she ..... **(could be released / cannot be released)** for 3 years to follow BSc. (Hons) in Physiotherapy, Radiography Degree Programme conducted by the University of Peradeniya.

.....  
**Date**

.....  
**Signature of RDHS (Official Stamp)**

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**Certification of the Provincial Director of Health Service (for Provincial Applicants)**

I certify that particulars given by Mr / Mrs / Miss ..... (Designation) ..... in sections 01 to 16 are correct and his/her work and conduct are..... If selected, he/she ..... **(could be released / cannot be released)** for 3 years to follow BSc. (Hons) in Physiotherapy, Radiography Degree Programme conducted by the University of Peradeniya.

.....  
**Date**

.....  
**Signature of PDHS (Official Stamp)**

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**Certification of the Provincial Secretary of Health (for Provincial Applicants)**

I certify that Mr / Mrs / Miss ..... (Designation) ..... If selected, he/she ..... **(could be released / cannot be released)** for 3 years to follow BSc. (Hons) Physiotherapy, Radiography Degree Programme conducted by the University of Peradeniya.

.....  
**Date**

.....  
**Signature of Provincial Secretary of Health (Official Stamp)**

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