

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

ලැකිස්) 0112693866
பெக்ஸ்) 0112693869
Fax) 0112692913

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

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



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சுவசிரிபாய

SUWASIRIPAYA

සෞඛ්‍ය අමාත්‍යාංශය
சுகாதார அமைச்சு
Ministry of Health

මගේ අංකය)
எனது இல)
My No.) ETR/SA/10/2022

ඔබේ අංකය)
உமது இல)
Your No.)

දිනය)
திகதி)
Date)

26/08.2024

General Circular Letter: 02-104 / 2024

Provincial Health Secretaries,
All DDGs' of Ministry of Health
DDG NHSL
Provincial Directors of Health Services,
Regional Directors of Health Services,
Heads of Decentralized Units / Specialized Campaigns,
All Directors of Hospitals under the line Ministry & Provincial Ministry
All Medical Superintendents
All Heads of the Institutions
All Heads of Training Schools.

Issue of Certificates & Educational Transcripts for basic Training Programmes.

The circular issued on 16th December 2022 under reference General Circular letter number bearing 02/78/2022 is hereby replaced and the following is substituted. This circular will be effective from the date of signing of this circular.

1. Ministry of Health conducts basic training programmes to train health manpower mainly for state health sector, and in addition, it also caters to the private health sector in Sri Lanka to a lesser extent. It has been observed that some of the Health Ministry trained personal request their educational transcripts for their higher education or employment purpose in Sri Lanka and abroad.
2. The application should be submitted through proper channels and prepared pre specimen form appended, and duly certified by the Head of Institution, in case of line Ministry Institutions, and in case of Provincial applicants, application should be forwarded with the recommendation of the Regional Director of Health Services, and also by the Provincial Director of Health Services, and send via the provincial Ministry of Health, to the Deputy Director General (Education Training & Research), "Suwasiripaya" No. 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10 with Fees are specified below.

Type of Transcript / Certificate	Local Applicants	Overseas Applicants
Certificate of Transcript	Rs.5000.00	US \$ 50
Certificate of Transcript with correction/s		
Diploma / Higher Diploma Certificate with correction/s	Rs.5000.00	US \$ 100
Duplicate of Diploma / Higher Diploma Certificate		
Diploma / Higher Diploma Certificate (original)	Free	US \$ 50
Conversion of Proficiency Certificate to Diploma		

3. This circular will be effective from the date of the circular, and the funds collected should be remitted to the Consolidated Fund.

4. Eligibility Criteria

- I. Officers should be trained in school under the Ministry of Health
 - II. The Officer should complete the period of bond from the point of entry in to the state service as per the agreement.
 - a. Officer who had completed the bond period from the point of entry in to the state services as per the agreement is eligible to get the transcript.
 - b. Officers who has not completed the relevant bond period, should get the clearance from the administration branch with a no objection letter after submitting an original affidavit, and pay the relevant payments and submit all the documents including true copy of the affidavit to the ET&R Unit.
 - c. The affidavit should be declared and signed collectively by the applicant and guarantors. In case the guarantor is not to be traced or living abroad or died, the bond need to be renewed with new guarantors and such new guarantors shall declare the affidavit along with the applicants after the new bond is executed.
 - III. Fees should be paid as specified in this circular at exchange rate of the date of payment. Please adhere to the instructions given in the table given under the item number 2.
 - IV. Officer should submit the documentary proof for the intended purpose.
5. Please attached below mentioned documents with the application.
- a) True copy of Diploma / Higher Diploma certificate (If the officer has obtained the Higher Diploma, he / she should produce only the Higher Diploma Certificate).
 - b) A True copy of National Identity Card / True copy of Passport biometric page.
 - c) A service certificate confirming the completion of bond period.
 - d) A true copy of appointment letter.
 - e) Payment slip for the application as per instruction given in the table.
 - f) An original affidavit should be submitted to administration branch and true copy of the affidavit to ET&R Unit if the officer with in the bond period.
 - g) A no objection letter from the administration branch should submit to ET&R Unit to the issue transcript if the officer with in the bond period.

(Please pay the payment to the Shroff of the Ministry of Health or deposit to the Account Number 7040244 Bank of Ceylon, Taprobane branch, account holders' name should be written as the Secretary of Health.)


Dr. P. G. Mahipala
Secretary

Dr. P. G. Mahipala
Secretary
Ministry of Health
"Suwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka.

Section – C

Instructions for the Applicant:

- A) Attachments:** Certified copies of the following documents to be attached with the application
- i Birth certificate
 - ii. Original Higher Diploma / Diploma Certificate* (*If you have*)
 - iii National Identity Card / Passport
 - iv. Copy of receipt of deposit (to Shroff Ministry of Health / Bank)
 - v. A true copy of appointment letter
 - vi. A service certificate confirming the completion of bond period

* *If you are applying for Diploma / Higher Diploma certificate the item number v. and vi. is not applicable.*
 * *If the original certificate is lost, documentary evidence (Affidavit or police report), should be produced along with the application to prove the original is lost)*

B) Payment:

Applicant should make the payments of the relevant amount, as per the **Circular letter No: 02-104/2024 Dated** issued by the Secretary of Health, by crediting it to the account of the Secretary of Health, Account No 7040244, Bank of Ceylon, Taprobane branch or Shroff, Ministry of Health and produce the bank receipt / receipt from the Ministry of Health with the application, to the ET&R Unit.

Certification of the Head of Institution / Administration Branch, Ministry of Health: -

I certify that the particulars in Paragraph 05 and above of Mr. / Mrs. / Miss
 (Designation) are correct, and he / she is currently / completed training not given
 appointment / in the service / not in the service / no-pay leave / paid leave / vacation of post.

.....
Date

.....
Head of Institution (*Signature & Rubber stamp*)

Certification of the Regional Director of Health Service (Provincial Applicants): -

I certify that the particulars in Paragraph 05 and above of Mr. / Mrs. / Miss
 (Designation) are correct, and he / she is currently in the service / not in the service
 / no-pay leave / paid leave / vacation of post.

.....
Date

.....
RDHS (*Signature & Rubber stamp*)

.....
Date

.....
PDHS (*Signature & Rubber stamp*)

Certification of the Principal

Details in No 06 of Section B are correct / corrected and confirmed to issue certificate / transcript. (This section is not applicable for Nursing Officers)

.....
Principal (*Signature & Rubber stamp*)

Section – D for ET&R Unit

Details of Payment receipt: Number:

Date:

Subject officer at the ETR Unit:

Name

.....
Signature

Recommendation and Approval for issuing of transcript / certificate:

Recommended / Not recommended

Approved / Not Approved

.....
Director (Training / Nursing Education)
(*Signature, Date & Rubber stamp*)

.....
DDG (ET&R)
(*Signature, Date & Rubber stamp*)

Collection of the Certificate (Local Applicant):

Note: As the Ministry of Health will not take the responsibility of posting the transcript/certificate, the hard copy has to be collected or nominate someone to collect it by sending a letter with the name and the NIC or Passport number of the nominee. Please note that for the nursing officers this Diploma Certificate will be sent to the respective nursing school.

Collected the transcript/ diploma certificate, corrected/duplicated.

(Note: cut across the words not applicable)

.....
Name, NIC, Date and Signature of the Collector

Affidavit

We, (name of the declarants) (1) (Applicant) Name
(address) bearing National Identity Card number of
..... (2) (Guarantor) Name
..... (address)
bearing National Identity Card number of (3) (Guarantor) Name
..... (address)
bearing National Identity Card number of being a (religion)
.....,,, respectively declare and affirm as follows:- (in case of
Christians swear)

1. We are (1) (2)..... and
(3).....
2. We are the declarant and affirmants above named.
3. We are attached to the,, as
..... with effect from
.....,,, respectively
4. During the training period for the course of, an agreement and bond were
signed and obligated to the effect that I (Name) shall work for the
Ministry of Health for a period of (E.g. 10 years / 05 years etc.), as obligatory service period
to the Ministry of Health.
5. I (Name) am obtaining the transcript reconfirming that I will honour the bond
dated and agreement dated and the conditions
of the letter of appointment and the rules and regulations on training of the Ministry of Health.
6. Weandnames of (2) & (3) are
aware that the applicant will be litigated by the Department if he / she does not comply with the said condition of the
letter of appointment, dated and the said conditions of the bond and agreement.
7. We further declare that in case, the applicant fails to pay the said amount mentioned in the bond and agreement, we will
also be liable collectively for the bonded amount.

Read over)
affirmed)	(Applicant)
and declared)	
atSri Lanka)
(Eg: Colombo))	(Guarantor)
On this day of)	
month 20..... year)
	(Guarantor)

.....
Commissioner of oaths / Justice of Peace
(Seal)