

General Circular letter No: 02-109/2005 My No: ID/25/05

Management, Development & Planning Unit
Department of Health Services
Colombo 10

20.07.2005

To: Director - MCH
— All PDHS
— DPDHS



GTC-DRUG ABUSE PREVENTION ACTIVITIES II -J-05-00965 FROM 04 TO 29 OCTOBER 2005-JAPAN

Applications are invited from MOH & AMOH who are attached to MOH offices where training programme are conducted for public health field personnel.

Eligibility

1. Should be between 30 years and 45 years of age on the closing date of applications.
2. Should have sufficient Command of spoken and written English.
3. Should be physically and mentally fit.
4. Have more than five years of experience in the field of drug abuse prevention activities.
5. Should be currently engaged in drug abuse enlightenment activities.

The candidates will have to present themselves for walk-in interview with required certificates and application recommended by respective heads of institutions on 27.07.2005 at 9.30 a.m. in the department of health planning unit.

No traveling or other expenses will be paid in this connection and no duty leave will be granted for this purpose.

The award of the fellowship will be subject to requirements in chapter xii – 14 and chapter xvi, 6, 10 and 15 of the establishment code.

Applications, which do not confirm to the requirements of this circular, will be rejected. Incomplete or incorrect information in the application will make the applicant liable for disqualification. Please bring the contents of this circular to the notice of all eligible officers of your institution.

DR. H.S.B. TENNAKOON

Deputy Director General of Health Services (Planning)

Sgd./ H.A.P. KAHANDALIYANAGE

Director General of Health Services

APPLICATION FOR.....

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- 01. Name (Dr., Mrs., Miss) :
- 02. Designation :
- 03. Institution & Address :
- 04. Telephone No :
- 05. 1. Date of Birth :
11. Age :
- 06. Date of Appointment to Grade II
- 07. Date of Confirmation in Service :
- 08. Present Grade & Date of Appointment to present Grade :
- 09. Appointments held during the last 8 years :
- 10. No of years experience :-
- 11. Official Trips abroad :

Year	Purpose of Visit	Place of Visit	Period
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12. Special Claims if any :

I certify that the particulars furnished by me overleaf are correct.

Date:.....

.....
Signature of Applicant

Recommendation of the Head of the Institution

Application is recommended/Not recommended.

- I certify that :
- 01. Information given from 01 -10 overleaf are correct.
 - 02. This officer is not registered for any courses at PGIM.

Date:.....

.....
Signature & Designation
of the Head of the Institution

Recommendation of the Regional, Provincial Director

(Where applicable)

Date:.....

.....
Signature & Designation

K/-

17/25/05

O.S.S.