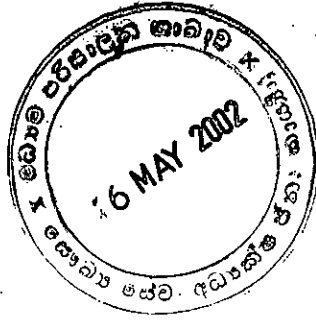


General Circular  
Letter No: 02-62/2002

My No:ID/36/02  
Management Development &  
Planning Unit,  
Ministry of Health, Nutrition  
& Welfare,  
Colombo 10.



02 ~~April~~<sup>May</sup> 2002

To all : Provincial Directors of Health Services,  
Deputy Provincial Directors of Health Services,  
Director/National Hospital,  
Director/Mental Hospital,  
D/MS - Teaching Hospital,  
MS, DMO - Base Hospital,

**SEMINAR FOR SENIOR OFFICERS IN MENTAL HEALTH CARE FROM 12TH AUGUST  
08TH SEPTEMBER 2002 IN JAPAN**

Applications are invited from Senior Psychiatrist who are attached to the hospital Psychiatric Units of the Ministry of Health for the above seminar in Japan.

**Eligibility**

1. Be Psychiatrists directly involved in provision of mental health care.
2. Should have minimum of 03 years experience in the psychiatry field.
3. Be in good health both Physically and Mentally to undergo the course (Pregnancy will be treated as exclusion criteria).

Candidates will have to present themselves for an interview with required certificates and duly filled attached application recommended and forwarded by the respective Head of the Institutions on 07.05.2002 at 2.00 P.M. in the Ministry of Health Planning Unit.

The award of the fellowships will be subject to requirements in Chapter XII - 14 and Chapter XV 4, 6, 10 and 15 of the Establishment Code.

Please bring the contents of this circular to the notice of all eligible officers in your Institution.

*J. K. S.*

**DR. K.C.S. DALPATADU**  
Deputy Director General  
of Health Services (Planning)

**Sgd./DR. A.M.L. BELIGASWATTA**  
Director General of Health Services

K/

*O.S.S*

*ID / 36 / 02*

**Application for .....**  
.....  
=====

1. Name (Mr./Mrs./Miss) :
2. Designation :
3. Institution & Address :
4. Telephone No. :
5. i. Date of birth  
ii. Age
6. Date of first appointment :
7. Date of Confirmation in Service :
8. Present Grade & Date of Appointment to present grade :
9. Appointments held during last 5 years :
10. No. of years experience in relevant field :
11. Official trips abroad :

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Year	Short Title	Place of Vist	Period

---

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 the particulars furnished from 1 - 9 overleaf are correct.

- (1) Information given from 1 - 10 overleaf are correct.
- (2) This officer is not registered for any courses at PGIM.

Date : .....

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

Recommendation of the Deputy/Provincial Director  
(where applicable)

Date : .....

.....  
Signature & Designation