

General Circular letter No: 02-82-2006

My No: ID/26/06

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

21.05.2006

To: All PDHSS
DPDHS
D/NIHS Kaluthara



Occupational & Environmental Health Management for Sustainable Development from 02nd August to 02nd December 2006 -Japan

Applications are invited from eligible MOOH to undergo the above training course in Japan.

Eligibility

1. Medical Officer of Health, Preferably with Postgraduate Qualifications in public Health.
2. Should have sufficient command of spoken and written English.
3. Should be physically and mentally fit.
4. Should have working experience or plan to work in the field of occupational health.

The candidates will have to present themselves for a walk-in interview with required certificates and application recommended by respective heads of institutions on 29.05.2006 at 9.30 a.m. in the planning unit of the Ministry of Health.

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 conform 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

- 01. Name (Mr./Mrs./Miss):
- 02. Designation, Institution & Address:
- 03. Telephone No. (Official & Private):
- 04. Date of Birth & Age:
- 05. Date of first appointment:
- 06. Date confirmed in Services:
- 07. Present Grade & Date of Appointment to Present Grade:
- 08. No. of years experience as a Consultant in
- 09. Appointments held during last five years:
- 10. Official trips abroad:

Year	Short Title	Place of Visit	Period

11. Special Claims (if any):

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

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Date

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Signature of Applicant

Recommendation of the Head of the Institution

Application is recommended/not recommended.

I certify that the particulars furnished from 1 to 10 overleaf are correct.

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Date

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Signature & Designation of
the Head of the Institution

Recommendation of Deputy/Provincial Director

(Where applicable)

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Date

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Signature & Designation