

Health System Enhancement Project (ADB Funded)
Application for the Primary Health Care Foreign Training

Province:
District:
Cluster:

Section I

1. Full name of the applicant (in block letters)

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2. Name with initials of the applicant (in block letters)

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3. Date of Birth

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4. Age 5. Sex 6. Marital Status

7. National Identity card number/Passport Number of the applicant

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8. Applicant's Official Address (Mail Address)

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9. Applicant's Official Address (Mail Address)

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10. Telephone Number

a) Office : b)Residence:
 c) Mobile:

11. E-mail Address

12. Academic Qualifications*

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13. Professional Qualifications*

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14. Professional Experience:

a) Date of first appointment:

b) Date of confirmation:

c) Present Post:

Grade:

d)Date of appointment to the current post:

e) Is the current post Acting/ Covering up or Permanent?

f) Posts Held from the date of appointment chronologically

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g) Are you on transfer order? Yes/ No

h). Have applied for no-pay leave. If yes please mention the details.

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15. Please mention whether you have been subjected to any disciplinary hearings.

Yes/No If yes please include the details.

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16. Special tasks carried out / contribution for the SCCS.

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17. Special Achievements during the services under Primary Healthcare.

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18. Brief description of how you will contribute to the SCCS.

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19. Trainings so far received related to the SCCS.

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20. Foreign Trainings received during the last 5 years

Name of the Training	Year	Institution	Duration

21. Any special comments:

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I hereby declare that I am physically and mentally fit to attend a training outside of Sri Lanka.

I certify that the particulars furnished by me are correct and true. If any information found incorrect before/after the interview my application will be rejected.

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Signature of the Applicant

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Date

- This application should accompany following documents
 - a) Curriculum vita with a photograph
 - b) Certified Copies of
 - a. NIC/Passport
 - b. Academic Qualifications
 - c. Professional Qualifications

Section II

Recommendation of the immediate supervisor MOIC/MOH/ RDHS/PDHS:

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MOIC

Date:

Recommendation of the RDHS:

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RDHS

Date:

Recommendation of the PDHS:

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PDHS

Date: