



විදේශ සම්පත් දෙපාර්තමේන්තුව  
 வெளிநாட்டு வளங்கள் திணைக்களம்  
 Department of External Resources

402

ජාතික ප්‍රතිපත්ති හා ආර්ථික සටුපිටු අමාත්‍යාංශය  
 இலங்கை அமைச்சு (3 වැනි මහල), නැ.ප.ප. 277, කොළඹ 00100, ශ්‍රී ලංකාව  
 தேசிய கொள்கைகள் மற்றும் பொருளாதார அலுவலகம் அமைச்சு  
 செயலகம் (3 ஆம் மாடி), த. பெ. இல 277, கொழும்பு 00100, இலங்கை

Ministry of National Policies and Economic Affairs  
 The Secretariat (3<sup>rd</sup> Floor) P.O. Box 277, Colombo 00100, Sri Lanka  
 Personnel & Staff

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මගේ අංකය  
 என் எண்  
 My No

TA/CHI/S/1178

ඔබේ අංකය  
 உமது எண்  
 Your No

29 MAR 2017

දිනය  
 நாள்  
 Date

Eastern Province



Secretary\ Ministry of Health Nutrition & Indigenous Medicine

Secretary\ Ministry of Provincial Councils & Local Government

Dear Sir/Madam

**2017 Seminar on Promoting Maternal and Child Health Care for Developing Countries- from 07<sup>th</sup> to 27<sup>th</sup> April 2017 - China**

The Government of China has invited nominations from eligible Government Officials in Sri Lanka for the above training programme. The officials who attended for a training programme funded by the Chinese Government in 2016 are not entitled to apply for this training programme.

Therefore, you are kindly requested to submit nominations from all provinces along with the following documents (in 2 sets) as soon as possible.

1. Duly filled Application Form, along with the copies of the nominee's academic and professional qualifications.
2. A copy of the passport. (The expiry date of the passport shall be not less than 6 months from the ending of the Seminar).
3. Duly filled ERD Form 2
4. Medical Report (All the applicants without considering the age have to provide the medical report.

A copy of the Application Form, ERD Form 2 and the Medical Report in this regard are enclosed.

Your early response in this regard is highly appreciated.

Yours sincerely

*Noor Rizna Anees*  
 Noor Rizna Anees  
 Additional Director General  
 for Director General

Copies to: Chief Secretaries, All Provincial Councils

DO/E  
 PCS/REF

Warden Please  
 For Chief Secretary  
 H.D. Asinoda Senarathne  
 Assistant Chief Secretary  
 Chief Secretary's Office  
 Eastern Province.

PST closing Date  
 03/04/2017

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 பணிப்பாளர் நாயகம்  
 Director General

94-11-2484693  
 94-11-2434876

සේවාලය  
 அலுவலகம்  
 Office

94-11-2484500  
 94-11-2484600  
 94-11-2484724

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 இணை நகல்  
 Fax

94-11-2447633

## 学员报名表 Application Form

Name of the seminar/training course: 项目名称:			
性质	官员 <input type="checkbox"/> 技术 <input type="checkbox"/>	培训时间	培训地点
照片 Photo	Family name 姓		
	First name 名		
	Position 职务		
	级别	部級及以上 <input type="checkbox"/> 司局級 <input type="checkbox"/> 处級及以下 <input type="checkbox"/>	
	建议船位	头等舱 <input type="checkbox"/> 商务舱 <input type="checkbox"/> 经济舱 <input type="checkbox"/>	
Passport No. 护照号码			
Nationality 国籍		Name of institute 工作单位名称	
Sex 性别			
Language 工作语言		Mail Address of Institute 工作单位地址	
Religion 宗教			
Food abstention 饮食禁忌		Address of Home 家庭住址	
Date of Birth 出生日期			
Tel		Email	
Fax		Person to be contacted in emergency 应急联络人	
Cellphone		Phone to be contacted in emergency 应急电话	
Signature (本人签字)		Date (日期)	
经向参处意见:			

Notes: Please fill in the blanks with English label.

## 外国人体格检查表

### FOREIGNER PHYSICAL EXAMINATION FORM

姓名 Name		性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Birth Day-Month-Year		照片 (加盖检查单位印章) Photo (stamped Official Stamp)	
现在通讯地址 Present mailing address							血型 Blood type
国籍或地区 Nationality (or Area)		出生地址 Birth Place					
过去是否患有下列疾病：(每项后面请回答“是”或“否”) Have you ever had any of the following diseases? (Each item must be answered "Yes" or "No")							
斑疹伤寒 Typhus fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌痢 Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes	
小儿麻痹症 Poliomyelitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes	
白喉 Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	病毒性肝炎 Viral hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes	
猩红热 Searlie fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	产褥期链球菌 Puerperal streptococcus infection	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes	
回归热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌感染	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes	
伤寒和副伤寒 Typhoid and paratyphoid fever	<input type="checkbox"/> No <input type="checkbox"/> Yes						
流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes						
是否患有下列危及公共秩序和安全的病症：(每项后面请回答“否”或“是”) Do you have any of the following diseases or diseases endangering the public order and seventy? (Each item must be answered "Yes" or "No")							
毒物癖 Toxic mania						<input type="checkbox"/> No <input type="checkbox"/> Yes	
精神错乱 Mental confusion						<input type="checkbox"/> No <input type="checkbox"/> Yes	
精神病 Psychosis	躁狂型 Manic Psychosis					<input type="checkbox"/> No <input type="checkbox"/> Yes	
	妄想型 Paranoid Psychosis					<input type="checkbox"/> No <input type="checkbox"/> Yes	
	幻觉型 Hallucinatory Psychosis					<input type="checkbox"/> No <input type="checkbox"/> Yes	
身高 Height	厘米 CM	体重 Weight	公斤 kg	血压 Blood pressure	毫米汞柱 mmHg		
发育情况 Development	营养情况 Nounshment		颈部 Neck				
视力 Vision	左 L 右 R	矫正视力 Corrected vision	左 L 右 R	眼 Eyes			
辨色力 Color sense	皮肤 Skin		淋巴结 Lymph nodes				
耳 Ears	鼻 Nose		扁桃体 Tonsils				
心 Heart	肺 Lungs		腹部 Abdomen				

脊柱 Spine		四肢 Extremities		神经系统 Nervous system	
其它所见 Other abnormal findings					
胸部 X 线 检查结果 (附检查报告单) Chest X-ray exam (Attached Chest X-ray report)			心电图 ECG (Attached ECG report)		
意 见 Suggestion   医师签字 Signature of physician			检查单位盖章 Official Stamp   日期 Date		

Applicant Personal Information

Seminar name:

Name		Institute	Level	Passport No.	Birthday	Expired date	Nation nality	sex
Family Name	Given Name							

Note: Please send the electronic version