



විදේශ සම්පත් දෙපාර්තමේන්තුව  
 வெளிநாட்டு வளங்கள் திணைக்களம்  
 Department of External Resources

Office of the Deputy Chief Secretary  
 Personnel & Training

ජාතික ප්‍රතිපත්ති හා ආර්ථික කටයුතු අමාත්‍යාංශය  
 இனல்கை திணைக்களம் (3 වැනි මහල), කු.පෙ. 277, කොළඹ 00, ශ්‍රී ලංකාව  
 தேசிய கொள்கைகள் மற்றும் பொருளாதார அலுவலகம் அமைச்சு,  
 செயலகம் (3 ஆம் மாடி), த. பெ. இல. 277, கொழும்பு 00, இலங்கை  
 Ministry of National Policies and Economic Affairs  
 The Secretariat (3<sup>rd</sup> Floor), P.O. Box 277, Colombo 00, Sri Lanka

74 MAR 2017

Web Site: www.erd.gov.lk

මගේ අංකය  
 எனது இல  
 My No.

TA/CH/S/1145

ඔබේ අංකය  
 உமது இல  
 Your No.

D/S  
 Dec / Pxi  
 Fu An

Thilim e-mail: info@erd.gov.lk



Secretary\Ministry of Health Nutrition & Indigenous Medicine  
 Secretary\Ministry of Provincial Councils & Local Government  
 Secretary\Ministry of University Education & Highways

D.M.S.Abayagunawardana  
 Chief Secretary  
 Eastern Province

Dear Sir\Madam  
**2017 Seminar on Cerebral Diseases Control & Prevention for Developing Countries - from 06<sup>th</sup> April to 05<sup>th</sup> May 2017.**

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 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  
 Registrar, University of Sri Jayewardenepura  
 Director, Sri Jayewardenepura General Hospital

P & T closing Date 21/03/2017

අධ්‍යක්ෂ ජනරාල්  
 பணிப்பாளர் நாயகம்  
 Director General

94-11-2484693  
 94-11-2434876

කාර්යාලය  
 அலுவலகம்  
 Office

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

ෆැක්ස් අංකය  
 தொலை நலல்  
 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    部级及以上 <input type="checkbox"/> 司局级 <input type="checkbox"/> 处级及以下 <input type="checkbox"/>		
	建议舱位    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)	
领导意见:			

Note: 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																																
<p>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")</p> <table border="0"> <tr> <td>斑疹伤寒 Typhus fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>菌痢 Bacillary dysentery</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>小儿麻痹症 Poliomyelitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>布氏杆菌病 Brucellosis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>白喉 Diphtheria</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>病毒性肝炎 Viral hepatitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>猩红热 Searle fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>产褥期链球菌 Puerperal streptococcus infection</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>回归热 Relapsing fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td>菌感染</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>伤寒和副伤寒 Typhoid and paratyphoid fever</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> <tr> <td>流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> <td></td> <td></td> </tr> </table>							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	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	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	猩红热 Searle 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	回归热 Relapsing fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	菌感染	<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		
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<p>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 security? (Each item must be answered "Yes" or "No")</p> <table border="0"> <tr> <td>毒物癖 Toxic mania.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>精神错乱 Mental confusion.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>精神病 Psychosis 躁狂型 Manic Psychosis.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>妄想型 Paranoid Psychosis.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> <tr> <td>幻觉型 Hallucinatory Psychosis.....</td> <td><input type="checkbox"/>No <input type="checkbox"/>Yes</td> </tr> </table>							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																		
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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 Nourishment		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		

ESSENTIAL INFORMATION OF THE NOMINEE

1 1.1 Title of Training Programme .....

1.2 Duration in Weeks

1.3 ERD Code

2 2.1 Ministry .....

2.2 Agency .....

3 3.1 Name of Nominee

(Please Enter Family Name First and Underline Family Name Only)

3.2 Sex

3.2 National Identity Card Number  3.3 Passport Number:

3.4 Present Designation .....

3.5 Designation Group of the Nominee in the Agency (Indicate the appropriate box)	Management or Technical Grade			Technician, Supportive & Allied Groups	Other (Specify)
	Senior Level	Middle Level	Junior Level		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 4.1 Official Address..... 4.2 Phone/Fax.....  
..... 4.3 e-mail .....

5 Telephone/Fax for Urgent Contact.....

6 6.1 Date of Birth  Date  Month  Year,

6.2 Age at the Commencement of the Programme (To the Closest Year)  Years

7 7.1 Years of Service to the Government in the Nominee's Career  Years

7.2 Nominee's Years of Service in the Present Agency  Years

8 Educational Qualifications (Please Use Abbreviations to Describe):

8.1 Academic Qualifications of the Nominee	Sp. Degree (4yr)	General Degree (3yr)	Other First Degrees & Equivalent Full Professional Qualifications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.2 Performance at the First Degree	Ordinary Pass	2nd Class Lower	2nd Class Upper	First Class	Not Relevant
(Please Check in case of Special and General Degrees only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.3 Institute and year .....

9 Local Long Term Training Successfully Completed & Full Professional Qualifications Achieved by Nominee

9.1 Masters Degree	<input type="text"/>	Indicate the Number Only
9.2 Post Graduate Diploma	<input type="text"/>	Indicate the Number Only
9.3 Medium Term Training of more than three month Duration	<input type="text"/>	Indicate the Number Only
9.4 Full Professional Qualifications	<input type="text"/>	Indicate the Number Only

10 Local Short Term Training Received by the Nominee

Total number of local training received

11 Previous Foreign Training Received by the Nominee

11.1 Foreign Training each less than one week duration received in the Past 3 Years

Total number of training

11.2 Foreign Training Each Greater than one week & Less than 12 weeks (three months) duration received in the Past 3 Years

Total number of training

11.3 Foreign Training Each Greater than 12 weeks & Less than 32 weeks duration received in the Past 3 Years

Total number of training

11.4 Foreign Training Each Greater than or equal to 32 weeks Duration in Nominee's Career (Training Funded by the Government of Sri Lanka or Funded by a Scholarship offered to the Government of Sri Lanka)

Nominee has received at least one training opportunity of duration greater than 32 weeks

12 Nominee's Declaration

I, the undersigned, certify that the details provided in this correctly describe myself, my qualifications and my experience.

12.1 Date: .....

12.2 Nominee's Signature .....

13 Certification of the Head of Department

Relevancy of this Training Programme to Nominee's Work (Please Check only one Box)	Vital for present work	Directly Related to Present Work	Connected to Present Work	Helpful in Future Work	For Promotions	Other (Specify)
Main Function of the Agency in the Field of Training (Please Check only one Box)			Execution	Supervisory	Training/ Teaching	

I certify the accuracy of the information given above.

Signature of Head of the Department and Stamp

Date: .....