

EP/P&T/FT/Chi/2017

21.03.2017

Secretary,  
Ministry of Health, EP

**2017 Seminars in China**

This has reference to the letter No: TA/CHI/S/1146/1140/1141/1144 dated 03.03.2017 by Director General, Department of External Resources on the above subject. (Copy attached)

The Department of External Resources has invited nominations from eligible Government officers from the Eastern Provincial Council to participate in the above Programme.

You are requested to submit suitable nominations for the above programme with completed application forms and necessary documents in accordance with the instructions given by Secretary to the Governor's letter No: G/EPC/F/14/Foreign Tra. dated 13.06.2014 to reach this office on or before 27.03.2017.

Note: All relevant documents can be downloaded from [www.ep.gov.lk](http://www.ep.gov.lk) → (Foreign training opportunities)

  
**Mrs. Kalamathy Pathmarajah**  
Deputy Chief Secretary –Personnel & Training  
Eastern Province

**Copy to:-**

- 1) Provincial Director, Department of Health, EP :f:1

olc



විදේශ සම්පත් දෙපාර්තමේන්තුව  
 வெளிநாட்டு வளங்கள் திணைக்களம்  
 Department of External Resources

සමස්ත ප්‍රතිපත්ති හා ආර්ථික කටයුතු අමාත්‍යාංශය  
 සමස්ත ප්‍රතිපත්ති කාර්යාලය (3 වැනි මහල), නද.පෙ. 277, කොළඹ 00100, ශ්‍රී ලංකාව  
 தேசிய கொள்கைகள் மற்றும் பொருளாதார அலுவலகம்  
 செயலகம் (3 ஆம் மாடம், ந. 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

Web Site: www.erd.gov.lk

e-mail: info@erd.gov.lk

මගේ අංකය  
 எனது இல  
 My No

20 MAR 2017  
 Eastern Province  
 Trincomalee  
 1141/1144

ඔබේ අංකය  
 உமது இல  
 Your No.

03-03-2017



P & T Crossing Date 27/03/2017

Secretary  
 Ministry of Health Nutrition & Indigenous Medicine

Secretary  
 Ministry of Provincial Councils & Local Government

Dear Sir/Madam

**2017 Seminars in China**

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

Training Programme	ERD Closing Date
Chinese Medicine Management for Developing Countries - 20 <sup>th</sup> March to 18 <sup>th</sup> April 2017	As soon as possible
Pharmaceutical and Medical Investment & Cooperation for Developing Countries - from 14 <sup>th</sup> June to 04 <sup>th</sup> July 2017	31 <sup>st</sup> March 2017
Immunization Programme & Vaccines Cooperation for Developing Countries - from 05 <sup>th</sup> to 25 <sup>th</sup> May 2017	As soon as possible
Medical Equipment & Technical Cooperation for Developing Countries - from 01 <sup>st</sup> to 21 <sup>st</sup> August 2017	31 <sup>st</sup> March 2017

Forwarded Please  
 (For Chief Secretary - EP)  
 H.D. Anisala Seneyaratne  
 Assistant Chief Secretary  
 Chief Secretary's Secretariat  
 Eastern Province.

You are kindly requested to submit nominations along with the following documents (in two sets).

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 நகல் Fax	94-11-2447633
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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 Rizpa Anees*  
**Noor Rizpa Anees**  
Additional Director General  
for Director General

Copies to: **Chief Secretaries**, All Provincial Councils  
**Director General**, Department of Health Services ✓  
**Chairman**, State Pharmaceuticals Corporation ✓  
**Chairman**, State Pharmaceuticals Manufacturing Corporation

*Not include  
MHA copy*

## 学员报名表 Application Form

Name of the seminar/training course: 项目名称:			
姓名	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 abstinence 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)	
经育参处意见:			

Note: Please fill in the blanks with English label.

## 外国人体格检查记录

### Physical Examination Record for Foreigner

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 Photo
现在居住地址 Present Mailing Address		出生地址 Birth Place		血型 Blood Type	
国籍 Nationality					

  

过去是否有下列疾病 (每项后面请回答“否”或“是”)  
*Have you ever had any of the following diseases?*  
 (Each item must be answered "Yes" or "No")

伤寒和副伤寒 Typhus Fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	鼠疫 Bacillary dysentery	<input type="checkbox"/> No	<input type="checkbox"/> Yes
小儿麻痹症 Polio	<input type="checkbox"/> No	<input type="checkbox"/> Yes	布氏杆菌病 Brucellosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
痢疾 Dysentery	<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 Scarlet fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	产褥期链球菌感染 Puerperal streptococcus infection	<input type="checkbox"/> No	<input type="checkbox"/> Yes
回归热 Relapsing fever	<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
			流行性脑脊膜炎 Epidemic cerebrospinal meningitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes

  

是否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 disorders endangering the public order and security?*  
 (Each item must be answered "Yes" or "No")

中毒性精神病 Toxicomania	.....	<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	精神分裂症 Male Psychosis 妄想型 Paranoid Psychosis 幻觉型 Hallucinatory Psychosis	.....	<input type="checkbox"/> No <input type="checkbox"/> Yes

  

身高 Height	cm	体重 Weight	kg	血压 Blood pressure	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 Colour 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
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其它所见  
Other abnormal findings

胸部X线 检查 Chest X-ray Exam.	心电图 E C G
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化验室检查 包括血清学诊断 Laboratory Exam. (Serodiagnosis)	
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是否发现患有下列检疫传染病和危害公共健康的疾病：  
(Each item must be answered "Yes" or "No")

霍乱 Cholera	<input type="checkbox"/> No <input type="checkbox"/> Yes	性病 Venereal Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes
黄热病 Yellow fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	开放性肺结核 Open lung tuberculosis	<input type="checkbox"/> No <input type="checkbox"/> Yes
鼠疫 Plague	<input type="checkbox"/> No <input type="checkbox"/> Yes	艾滋病 AIDS	<input type="checkbox"/> No <input type="checkbox"/> Yes
麻风 Leprosy	<input type="checkbox"/> No <input type="checkbox"/> Yes	精神病 Psychosis	<input type="checkbox"/> No <input type="checkbox"/> Yes

意见  
Suggestion

检查单位盖章  
Official Stamp

医师签字  
Signature of Physician

日期  
Date

### Applicant Personal Information

Seminar name:												
Name		Institute	Levle	/	Passport No.	Birthday	Expired date	Nation nality	sex	/	/	/
Family Name	Given Name											
Note: Please send the electronic version												

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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="text"/>	<input type="text"/>	<input type="text"/>

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

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Function of the Agency in the Field of Training (Please Check only one Box)			Execution	Supervisory	Training/Teaching	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify the accuracy of the information given above.

Signature of Head of the Department and Stamp

Date: .....