

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

<b>Province:</b> .....
<b>District:</b> .....
<b>Cluster:</b> .....

**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	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  
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: