

MINISTRY OF HEALTH, NUTRITION AND INDIGENOUS MEDICINE

Recruitment to the Post Speech Therapist -2018

1. APPLICATIONS are hereby called from the Sri Lankan citizens who have fulfilled the qualifications mentioned below to recruit to the Post of Speech Therapist in Grade III to fill 8 vacancies exist in hospitals under the Ministry of Health, Nutrition and Indigenous Medicine and provincial councils.

2. *Educational qualifications relevant to the post.*— Should have a degree in Speech Therapy obtained from a University recognized by the University Grants Commission or a full time Diploma in speech Therapy which is not less than 2 years.

3. *Other General Qualifications :*

- (a) Should be not less than 21 years and not more than 35 years of age by 07.01.2019.
- (b) The effective date of the degree should be a date prior to the closing date of applications.
- (c) Should be physically and mentally fit to serve in any part of Sri Lanka and to discharge duties of the post.
- (d) Should possess a good character.
- (e) Should have fulfilled all qualification which are required for the recruitment to the post in all respects as at the closing date mentioned in this notification.

4. *Method of application :*

- (a) The application should be prepared using A4 size papers in accordance with the specimen form of application appended to this notification. (from 1 to 9 of the application should appear on the first page of the paper and from 10 to 13 should appear on the second page of the paper).
- (b) The receipt obtained by paying Rs.500/- to the credit of the account of "Director General of Health Services Collection of Exam Fees" No. 7041318 of the Bank of Ceylon, Thaprobane

Branch should be affixed so as not be detached, on the place where it is mentioned "Receipt" in the application. (Please keep a copy of the receipt).

- (c) Candidate's signature should be attested by a Principal of a Government School / a Justice of the Peace / Commissioner for Oaths / an Attorney at Law or an authorized officer of tri forces or an officer who holds a gazetted post in the police service or a public officer who holds a permanent and pensionable post in staff grade in Public Service or Provincial public Service and obtains a consolidated salary of more than Rs.334,452/= per annum.
- (d) The words "Recruitment to the post of Speech Therapist - 2018" should be mentioned on the top left hand corner of the envelope of Size 9"x4" in which the duly completed application is enclosed and it should be sent to reach Director (Administrative - Establishments), Ministry of Health, Nutrition and Indigenous Medicine "Suwasiripaya", 385, Rev.Baddegama Wimalawansa Thero Mawatha, Colombo 10 by registered post on before 07.01.2019.

5. Employees in Public or Semi Government institutions should submit their applications through the respective Head of Department.

6. Receipt of applications will not be acknowledged and applications which will be received after the closing date will be rejected. The applications which are not complying to the above terms and the relevant specimen form appended to this notification will be rejected.

7. *Method of Recruitment.*— From the applicants who have satisfied qualifications given in the notification, recruitments will be made in the order of merit of the marks obtained at the written examination conducted by the Secretary of the Ministry of Health, Nutrition and Indigenous Medicine or an institute approved by him after an interview to check the physical fitness and eligibility of the candidates. (The number of recruits will be determined by the Secretary of Ministry).

8. Written Examination will be held as follows:

Paper	Syllabus	Duration	Maximum marks	Pass marks
1. Intelligence Test	To test the candidate's ability of understanding the meaning, quantification and correlation between the time and space through the conclusions and responses of the candidate to the problems given in lingual, numerical and figurative forms.	1 hour	100	40%
2. General Knowledge	To test logical explanations related to the post of Speech Therapist and general Knowledge.	1 hour	100	40%

9. *Identity of Candidates.* – Candidates who have completed the application accurately will only be called for the written examination. Following documents of identity will be accepted to prove their identity at the written examination.

(a) National Identity Card issued by the Department for Registration of Persons or valid passport or valid driving license.

10. *Terms of Engagement :*

- (a) This appointment will be on probation for a period of three years.
- (b) Officers should obtain the relevant level of language proficiency as per the Public Administration Circular No. 01/2014 and the Circulars incidental thereto.
- (c) First Efficiency Bar Examination should be passed within 03 years.
- (d) This appointment will be subject to procedural rules of Public Service Commission, Financial Regulations and Provisions of the Establishment Code.

11. The number of appointments will be decided based on the number of existing vacancies. Accordingly, if the Ministry of Health , Nutrition and Indigenous Medicine, decides to grant permanent appointments to the post of Speech Therapist, action will be taken to appoint the candidates to the Grade III of the said post in terms of the conditions of the scheme of recruitment and based on the existing vacancies. This post is entitled to the salary scale of MT -6-2016 Rs. 32,080 - 445x10- 660x11-730x10-750x10- Rs. 58,590 in terms of Public administration Circular No. 03/2016 and the salaries will be paid in terms of the provisions of the Public Administration Circular No. 03/2016 circular,

12. Applicants should carefully and accurately fill the particulars of education and other qualifications in the application. If the above certificates are proved to be counterfeit, action will be taken to refer to the Criminal Investigation Department for legal action. To cancel the appointment and dismiss from the post and to enter his / her name in the black list of those who are not permitted to be reemployed in the Public Service after disciplinary action against him / her.

13. Selected applicants should submit themselves for a medical examination during the first month of the appointment to confirm that the applicant is physically and mentally fit to serve in any part of the Island and if an applicant is found to be unfit from the medical Examination he / she will be disqualified to remain in post.

14. All persons selected as above will be subject to all laws and regulations relevant to the public officers, the provisions of the Establishments Code of Democratic Socialist Republic of Sri Lanka, policies imposed by the Ministry of Health, Nutrition and Indigenous Medicine, Financial Regulations and other regulations and rules and orders that may be imposed by the Government from time to time.

15. If any problem arises regarding recruitment to the post of Speech Therapist or any matter covered or not covered by this gazette notification, the decision of the Secretary of the Ministry of Health, Nutrition and Indigenous Medicine will be final. In case of any inconsistency between the Sinhala, Tamil and English texts, Sinhala text will prevail.

B.G.S. GUNATHILAKE,
Secretary,

Ministry of Health, Nutrition and Indigenous Medicine.

Ministry of Health, Nutrition and Indigenous Medicine.

"Suwasiripaya"

No. 358, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo - 10,
23rd October, 2018.

SPECIMEN FORM OF APPLICATION

MINISTRY OF HEALTH NUTRITION AND INDIGENOUS MEDICINE

RECRUITMENT TO THE POST OF SPEECH THERAPIST - 2018

Read the *Gazette* notification carefully before filling the application.

01. (a) Name with initials : _____.

(In English Block Capitals) Eg. A. B. C. SILVA

(b) Name in Full (In English Block Letters) : _____.

(c) Name in Full (In Sinhala / Tamil) : _____.

02. National Identity Card No. :

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03. Postal Address : In Sinhala / Tamil

In English

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04. (a) Permanent Address : In Sinhala / Tamil

In English

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(b) Telephone No. : Mobile :

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Landline :

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(c) District of Residence : In Sinhala / Tamil : _____. In English : _____.

(d) Are you a permanent resident in this District : Yes / No : _____.

(e) If "Yes" Since when : _____.

05. Date of Birth: Date : _____. Month : _____. Year : _____.

Age As at 07.01.2019 : Days : _____. Months : _____. Years : _____.

06. Sex : Male ☐ Female ☐ (Mark "✓" in the relevant cage)

07. Whether a citizen of Sri Lanka : Yes ☐ No ☐ (Mark "✓" in the relevant cage)

08. Civil Status: Married ☐ Single ☐

09. Educational Qualifications :

Degree / Diploma	Result	Grade Point Average (GPA) and effective date of the degree / diploma	University / Institute	Academic Year	Medium of the written Examination

10. Have you ever been convicted by a court of law? : Yes ☐ No ☐
(Mark "✓" in the relevant case)
If yes, give particulars :_____.

11. Certificate of the applicant:

(a) I certify that I carefully read and understood the *Gazette* notification and completed this application subject to all the conditions therein, and the particulars furnished by me in the application are true and accurate to the best of my Knowledge and belief.

(b) I am aware that if this declaration or any particulars contained in the application are found to be false I am liable to be dismissed.

Affix the receipt obtained by paying Rs. 500/= to the credit of the Account of "Director General of Health Services Collection of Exam Fees" No. 7041318 of the Bank of Ceylon, Thaprobane branch so as not to be detached.

_____,
Signature of the Applicant.

Date :_____.

12. Attestation of the Applicant's signature :

I hereby certify that Mr./Mrs./ Miss who is submitting this application is personally known to me and he/she placed his/her signature in my presence. on

_____,
Signature of the attester.

Date :_____.

Full Name of the attester :_____.

Designation :_____.

Address :_____.

Official Frank of the Attester :_____.

13. Certification of the Head of Department if the applicant is serving in Public Service / Provincial Public Service :
(Delete irrelevant words).

I. I certify that the above applicant Mr. /Mrs. /Miss..... holds the post of
..... in this department.

II. I hereby certify that the particulars furnished in the above application are true and he/ She can / cannot be released if he/ She will be selected to the post.

_____,
Signature of the Head of Department.

Date :_____.

Name of the Head of Department :_____;

Designation :_____;

Address :_____.

Official frank of the Head of Department