විදේශ සම්පත් දෙපාර්තමේන්තුව
வெளிநாட்டு வளங்கள் திணைக்களம்
Department of External Resources

ජාතික ප්‍රතිපත්ති හා ආර්ථික කටයුතු අමාත්‍යාංශය
මහලේකම් කාර්යාලය (3 වැනි මහල), තැ.පෙ. 277, කොළඹ 00100, ශ්‍රී ලංකාව
தேசிய கொள்கைகள் மற்றும் பொருளாதார அலுவல்கள் அமைச்சு,
செயலகம் (3 ஆம் மாடி), த. பெ. இல. 277, கொழும்பு 00100, இலங்கை
Ministry of National Policies and Economic Affairs
The Secretariat (3rd 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	TA/CHI/S/New/2018	ඔබේ අංකය உமது இல Your No..		දිනය திகதி. Date.	03 July 2018

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12 JUL 2018
ප්‍රධාන ලේකම්
දකුණු පළාත
DeS/HR

Secretary\ Ministry of Health, Nutrition & Indigenous Medicine
Secretary\ Ministry of Local Government, Provincial Councils & Sports

Dear Sir\Madam

2018 Seminar on Pharmaceutical & Medical Investment and Cooperation for Developing Countries - from 27 July to 16 August 2018 - China

The Government of China has invited nominations from eligible Government Officials in Sri Lanka for the above training programme. The officials who attended in a training programme funded by the Chinese Government in 2016 & 2017 are not entitled to apply for this training programme.

Therefore, you are kindly requested to submit **nominations** along with the following documents **as early as possible.**

1. Duly filled Application Form,
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 attention in this regard is highly appreciated.

Yours sincerely

Noor Rizna Anees
Additional Director General
for Director General

Copies to: **Chief Secretaries,** All Provincial Councils

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

学员报名表 Application Form

Name of the seminar/training course: 项目名称:			
性质 官员□ 技术□	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 □ 司局级 □ 处级及以下 □	
	建议舱位	头等舱 □ 商务舱 □ 经济舱 □	
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）	
经商参处意见:			

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	□男 Male □女 Female	出生日期 Birth Day-Month-Year		照片 Photo
现在通讯地址 Present Mailing Address					血型 Blood type	
国籍 Nationality		出生地址 Birth Place				

过去是否患有下列疾病（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")

斑疹伤寒	Typhus fever	□No	□Yes	菌痢	Bacillary dysentery	□No	□Yes
小儿麻痹症	Poliomyelitis	□No	□Yes	布氏杆菌病	Brucellosis	□No	□Yes
白喉	Diphtheria	□No	□Yes	病毒性肝炎	Viral hepatitis	□No	□Yes
猩红热	Scarlet fever	□No	□Yes	产褥期链球菌感染			
回归热	Relapsing fever	□No	□Yes	Puerperal streptococcus infection		□No	□Yes

伤寒和副伤寒 Typhoid and paratyphoid fever □No □Yes
流行性脑脊髓膜炎 Epidemic cerebrospinal meningitis □No □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 disorders endangering the public order and security?
(Each item must be answered "Yes" or "No")

毒物癖	Toxicomania	□No	□Yes
精神错乱	Mental confusion	□No	□Yes
精神病	Psychosis: 躁狂型 Manic Psychosis	□No	□Yes
	妄想型 Paranoid Psychosis	□No	□Yes
	幻觉型 Hallucinatory Psychosis	□No	□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 左 L 右 R Vision	矫正视力 左 L 右 R Corrected vision	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
其它所见 Other abnormal findings		

胸部X线检查 Chest X-ray Exam.		心电图 ECG	
化验室检查 包括血清学诊断 Laboratory Exam. (Serodiagnosis)			

是否发现患有下列检疫传染病和危害公共健康的疾病：

Do you have any of the following diseases or disorders found during the present examination?

(Each item must be answered "Yes" or "No")

霍乱	Cholera	☐No ☐Yes	性病	Venereal Disease	☐No ☐Yes
黄热病	Yellow fever	☐No ☐Yes	开放性肺结核	Opening lung tuberculosis	☐No ☐Yes
鼠疫	Plague	☐No ☐Yes	艾滋病	AIDS	☐No ☐Yes
麻风	Leprosy	☐No ☐Yes	精神病	Psychosis	☐No ☐Yes

意见
Suggestion

检查单位盖章
Official Stamp

医师签字
Signature of Physician

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	Management or Technical Grade			Technician, Supportive & Allied Groups	Other (Specify)
		Senior Level	Middle Level	Junior Level		
	(Indicate the appropriate box)					

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 & EquivalentFull Professional Qualifications

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)					

8.3 Institute and year.....

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

9.1	Masters Degree		Indicate the Number Only
9.2	Post Graduate Diploma		Indicate the Number Only
9.3	Medium Term Training of more than three month Duration		Indicate the Number Only
9.4	Full Professional Qualifications		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 trainng ☐

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 trainng ☐

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

Total number of trainng ☐

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: .....