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சுகாதார மற்றும் வெகுஜன ஊடக அமைச்சு Ministry of Health & Mass Media

General Circular Letter: 02-22/2025

Provincial Health Secretaries,

All DDGs' of Ministry of Health,

DDG NHSL,

Provincial Directors of Health Services,

Regional Directors of Health Services,

Heads of Decentralized Units / Specialized Campaigns,

All Directors of Hospitals under the line Ministry & Provincial Ministry,

All Medical Superintendents,

All Heads of the Institutions,

All Heads of Training Schools.

Issue of Certificates & Educational Transcripts for basic Training Programmes

The circular issued on 26th August 2024 under reference General Circular letter number bearing 02-104 / 2024 is hereby rescinded and replaced with the following substitution. This circular will be effective from the date of signing of this circular.

- 1. Ministry of Health conducts basic training programmes to train health manpower mainly for state health sector, and in addition, it also caters to the private health sector in Sri Lanka to a lesser extent. It has been observed that some of the Health Ministry trained personal request their educational transcripts for their higher education or employment purpose in Sri Lanka and abroad.
- 2. The application should be submitted through proper channels and prepared pre specimen form appended, and duly certified by the Head of Institution, in case of line Ministry Institutions, and in case of Provincial applicants, application should be forwarded with the recommendation of the Regional Director of Health Services, and also by the Provincial Director of Health Services, and to be sent to the Deputy Director General (Education Training & Research), "Suwasiripaya" No. 385, Ven. Baddegama Wimalawansa Thero Mawatha, Colombo 10 with the relevant fees, which are specified in the below table.

Type of Transcript / Certificate	Local Applicants	Overseas Applicants
Certificate of Transcript		US \$ 50
Certificate of Transcript with correction/s	Rs.5000.00	
Diploma / Higher Diploma Certificate with correction/s		
Duplicate of Diploma / Higher Diploma Certificate	Rs.5000.00	US \$ 100
Diploma / Higher Diploma Certificate (original) Free		US \$ 50
Conversion of Proficiency Certificate to Diploma		

- This circular will be effective from the date of the circular, and the funds collected should be remitted to the Consolidated Fund.
- 4. Eligibility Criteria for Diploma / Higher Diploma Certificate
 - 1. Officers shall be trained at the relevant schools coming under purview of the Ministry of Health, and should completed the training programme.
 - II. Officer should submit the documentary proof for the intended purpose.
- 5. Eligibility Criteria for Transcript
 - 1. Officers shall be trained at the relevant schools coming under purview of the Ministry of Health.
 - II. The Officer should complete the obligatory service period of bond from the point of entry in to the state service as per the agreement.
 - a. Officer who had completed the bonded period (obligatory service period) from the point of entry in to the state services as per the agreement is eligible to get the transcript.
 - b. Officers who have not completed the relevant bond period has to submit an Affidavit signed by the Officer. A specimen of the Affidavit is attached herewith.
- 6. Fees should be paid as specified in this circular at exchange rate of the date of payment. Please adhere to the instructions given in the table given under the item number 2.
- 7. Please attach below mentioned documents with the application (For Diploma / Higher Diploma).
 - a) A True copy of the Birth certificate.
 - b) A True copy of the National Identity Card / True copy of the Passport biometric page.
 - c) Original Higher Diploma / Diploma Certificate* (If you have)
 - d) If the original certificate is lost, documentary evidence (Affidavit or police report), should be produced along with the application to prove the original is lost.
- 8. Please attach below mentioned documents with the application (For Transcript).
 - a) True copy of the Diploma / Higher Diploma Certificate (If the officer has obtained the Higher Diploma, he / she should produce only the Higher Diploma Certificate).
 - b) A True copy of the National Identity Card / True copy of the Passport biometric page.
 - c) A service certificate confirming the completion of the bonded period.
 - d) A true copy of the letter of appointment.
 - e) Payment slip for the application as per the instruction given in the table.
 - f) An original affidavit should be submitted to the relevant Institution and true copy of the affidavit to the ET&R Unit if the officer falls within the bonded period.
 - g) A letter confirmed by Head of the Institution that the original affidavit has handed over to the personal file.

(Payments can be made to the Shroff of the Ministry of Health or be deposited to the Account Number 7040244 Bank of Ceylon, Taprobane Branch, account holders' name should be written as the Secretary of Health.)

Dr. Anil Jasinghe

Secretary Ministry of Health & Mass Media

"Suwasiripaya" 385, Rev. Baddegama Wimalawansa Thero Mawalha, Colombo 10

Secretary

Dr. Anil Jasinghe

Application for the Request of Transcript / Certificate under General Circular Letter No: 02-22/2025Section – A

01.	Item of request: Transcript* Diploma or Higher Diploma Certificate Correction of Transcript Correction of Transcript Correction of Diploma/Higher Diploma Certificate Conversion of Proficiency Certificate to Diploma Certificate Duplicate of Diploma/Higher Diploma Certificate								
02.	* (Please note that Transcript will be issued only for officers who have the Higher Diploma / Diploma Certificate) (i). Name with initials in block letters (Please give the name that was given when you were enrolled to the training programme.)								
	(ii). Full Name of the applicant (in block letters), Note: This name will be used in the Transcript / Diploma Certificate								
	(ii) I all France of the approach (iii offeet fetters), twee. This make will be used in the Transcript? Bipforma Certificate								
	(iii) NIC No / Passport No.								
03.	Category of the Profession (e.g., Nursing, MLT, etc.):								
	Contact details:								
	(i) Telephone: -Official (Private) (Mobile)								
	(ii) Email (personal): -								
05.	If you are employed in the Ministry of Health, the name of the Institution/ area of work								
	Section – B								
0.0									
06.	Details of Training School: i) Name of the training school:								
	ii) Date of admission:								
07.	Reason for applying for a Transcript/Diploma Certificate (If you are requesting a duplicate as the original is lost, documentary								
	evidence (Affidavit or police report), should be produced along with the application to prove that the original is lost)								
08.	3. Address where it should be e-mailed (Applicable only to applicants residing abroad, as the Ministry of Health will not take the responsibility of posting the transcript/certificate. If the hard copy is needed, nominate someone in Sri Lanka to collect it by sending a letter with the name and the NIC or Passport number of the nominee and a declaration to the effect the applicant will hold the Ministry of Health harmless and indemnify the Ministry of health in all claims including forgery)								
09.	1 hereby certify that the particulars given by me in this application (01 to 08) are true and accurate. If any information is found to be incomplete or incorrect, I am fully aware that my application will be rejected and the payments done are non-refundable. I have paid Rs								
	Date Signature of the applicant								

Section-C

Instructions for the Applicant:

iii National Identity Card / Passport iv. Copy of receipt of deposi	/ Diploma Certificate* (<i>If you have</i>) t (to the Shroff of the Ministry of Health / Bank)
v. A true copy of the appointment letter vi. A service certificate co * If you are applying for Diploma / Higher Diploma certificate the item num * If the original certificate is lost, documentary evidence (Affidavit or police to prove the original is lost)	mber v. and vi. is not applicable.
B) Payment: Applicant should make the payments of the relevant amount, as per the Ciby the Secretary of Health, by crediting it to the account of the Secretary of branch or to the Shroff, Ministry of Health and produce the bank receipt / Ministry of Health with the application.	Health, Account No 7040244, Bank of Ceylon, Taprobane receipt to the Education, Training & Research Unit of the
Certification of the Head of Institution / Administration Branch, Ministration of the Head of Institution / Administration Branch, Ministration of Mrs. / Mr	Missect, and he / she is currently / completed training / not given
Date	Head of Institution (Signature & Rubber stamp))
Certification of the Regional Director of Health Service (Provincial A	pplicants): -
l certify that the particulars in Paragraph 05 and above of Mr. / Mrs. / (Designation)	Miss
Date	RDHS (Signature & Rubber stamp)
Date	PDHS (Signature & Rubber stamp)
Certification of the Principal Details in No 06 of Section B are correct / corrected and confirmed to issue Nursing Officers)	ue certificate / transcript. (This section is not applicable for
	Principal (Signature & Rubber stamp)
Section – D for ET&	R Unit
Details of Payment receipt: Number:	Date:
Subject officer at the ETR Unit:	Signature
Recommendation and Approval for issuing of transcript / certificate:	
Recommended / Not recommended	Approved / Not Approved
Director (Training / Nursing Education) (Signature, Date & Rubber stamp)	DDG (ET&R) (Signature, Date & Rubber stamp)
Collection of the Certificate (Local Applicant): Note: As the Ministry of Health will not take the responsibility of posting or nominate someone to collect it by sending a letter with the name and the for the nursing officers this Diploma Certificate will be sent to the respect Collected the transcript/ Diploma certificate, corrected/duplicated. (Note: cut across the words not applicable).	g the transcript/certificate, the hard copy has to be collected he NIC or Passport number of the nominee. Please note that

Affidavit

1	I (Applicant) Name	(address)				
•••	bear	ing National Identity Card number of				
an	and affirm as follows: - (in case of Christians swear)					
1.	1. I am the declarant above named					
2.	2. I am attached to the	of the line Ministry of Health / Provincial Ministry of				
	Health, as					
	with effect from					
3.	3. During the training period in respect of the course	, an agreement and bond				
	were signed and obligated to the effect that I					
	the Ministry of Health for a period of					
	period to the Ministry of Health.					
4.	4. I(Name) am now obtain					
	Studies / Employment or other (Please specify)					
	the bond dated and agreement date					
	conditions of the letter of appointment and the rules and regulation	conditions of the letter of appointment and the rules and regulations on training of the Ministry of Health.				
5.	5. I am aware and reiterate that I will be litigated along with my guar	rantors jointly and severely by the Department if I do				
	not comply with the said condition of the letter of appointment, dated					
6.	6. I further declare that in case, if I fail to pay the said amount mention	oned in the bond and agreement, I will be held liable				
	for the bonded amount and interest individually as well.					
Re	Read over)					
aff	affirmed)	(Applicant)				
	and declared / Sworn)					
	atSri Lanka)					
6	(E.g: Colombo)) On this day of)					
	(month) 20year)					
	C	Commissioner of oaths / Justice of Peace (Seal)				