



විදේශ සම්පත් දෙපාර්තමේන්තුව
வெளிநாட்டு வளங்கள் திணைக்களம்
Department of External Resources

இதில் கா சகலாமின அலாகாங்கை
මහලේකම් කාර්යාලය (3 වැනි මහල), තැ.පෙ. 277, කොළඹ 00100, ශ්‍රී ලංකාව

நிதி மற்றும் வெகுசன ஊடக அமைச்சு
செயலகம் (3 ஆம் மாடி), த. பெ. இல. 277, கொழும்பு 00100, இலங்கை

Ministry of Finance and Mass Media
The Secretariat (3rd Floor), P.O. Box 277, Colombo 00100, Sri Lanka

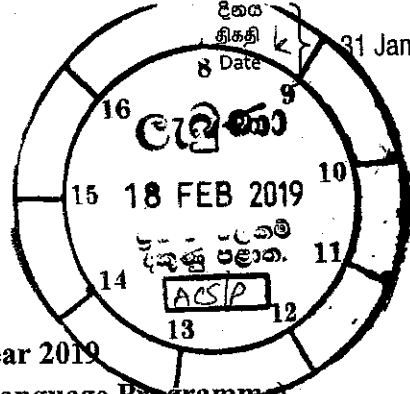
Web Site: www.erd.gov.lk

e-mail: info@erd.gov.lk

මගේ අංකය
எனது இல
My No

TA&UN/CDB/L/2019

ඔබේ අංකය
உமது இல
Your No



Secretaries/ All Ministries
Chief Secretaries/ All Provincial Councils

Dear Sir / Madam

China Development Bank Scholarship – Year 2019
(Master's Degree Programme & Chinese Language Programme)

The China Development Bank has invited nominations from eligible Government Officials in Sri Lanka for the above Master's programmes in China. A copy of the program details in this regard is enclosed.

You are kindly requested to submit nominations with the following documents in two sets **on or before 31 March 2019**

1. The completed Application Form for CSC Scholarship – Please ensure that you have both submitted it online & printed the hard copy via www.csc.edu.cn/laihua or www.campuschina.org.
2. Foreigner Physical Examination form & ERD Form 2 (attached)

Your early response in this regard is highly appreciated.

Yours faithfully

Noor Rizna Anees
Additional Director General
for Director General

Copies to: **Heads of the Departments, All Departments**

අධ්‍යක්ෂ ජනරාල්
பணிப்பாளர் நாயகம் } 94-11-2484693
Director General

කාර්යාලය
அலுவலகம் } 94-11-2484500
Office } 94-11-2484600

ලැයිස් අංකය
தொலை நகல் } 94-11-2447633
Fax } 94-11-2387153
94-11-2434876

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”) <i>Have you ever had any of the following diseases?</i> <i>(Each item must be answered "Yes" or "No")</i>						
斑疹伤寒	Typhus fever	<input type="checkbox"/> No	<input type="checkbox"/> Yes	菌痢	Bacillary dysentery	<input type="checkbox"/> No <input type="checkbox"/> Yes
小儿麻痹症	Poliomyelitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	布氏杆菌病	Brucellosis	<input type="checkbox"/> No <input type="checkbox"/> Yes
白喉	Diphtheria	<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
	流行性脑脊髓膜炎	Epidemic cerebrospinal meningitis				<input type="checkbox"/> No <input type="checkbox"/> 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”) <i>Do you have any of the following diseases or disorders endangering the public order and security?</i> <i>(Each item must be answered "Yes" or "No")</i>						
	毒物癖	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: 躁狂型 Manic Psychosis				<input type="checkbox"/> No <input type="checkbox"/> Yes
		妄想型 Paranoid Psychosis				<input type="checkbox"/> No <input type="checkbox"/> Yes
		幻觉型 Hallucinatory Psychosis				<input type="checkbox"/> No <input type="checkbox"/> Yes
身高	Height	cm		体重	Weight	kg
发育情况	Development			营养情况	Nourishment	
视力	Vision	左 L		矫正视力	Corrected vision	左 L
		右 R				右 R
辨色力	Colour Sense			皮肤	Skin	
耳	Ears			鼻	Nose	
心	Heart			肺	Lungs	
						血压
						Blood pressure
						mmHg
						颈部
						Neck
						眼
						Eyes
						淋巴结
						Lymph nodes
						扁桃体
						Tonsils
						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 E C G
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：		
<i>Do you have any of the following diseases or disorders found during the present examination?</i>		
<i>(Each item must be answered "Yes" or "No").</i>		
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 Opening 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	

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<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 <input type="checkbox"/>	2nd Class Lower <input type="checkbox"/>	2nd Class Upper <input type="checkbox"/>	First Class <input type="checkbox"/>	Not Relevant <input type="checkbox"/>

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)
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: