



පළාත් සභා, පළාත් පාලන හා ක්‍රීඩා අමාත්‍යාංශය

மாகாண சபைகள், உள்ளூராட்சி மற்றும் விளையாட்டுத்துறை அமைச்சு
Ministry of Provincial Councils, Local Government and Sports

මගේ අංකය } PL/4/12/F/3
எனது இல }
My No. }

ඔබේ අංකය }
உமது இல }
Your No. }



දිනය } 05.07.2018
திகதி }
Date }

Chief Secretary

Western Province/ North-Western Province/ Uva Province
Sabaragamuwa Province/ Central Province/ Southern Province
North-Central Province/ Eastern Province/ Northern Province

Foreign Training Programmes – 2018

Herewith I forward you the copy of the under mentioned letter on training programme sent by Director General, Department of External Resources for necessary action please.

| No | Training Programme | Letter No. | Closing Date |
|----|--|-------------------|----------------------|
| 01 | 2018 Seminar on Import-Export Food Inspection and Food Safety for Developing Countries From : 20 th July to 09 th August - China | TA/CHI/S/New/2018 | as early as possible |
| 02 | 2018 Seminar on Agricultural Development Planning for Countries under Belt & Road Initiative From: 20 th July to 09 th August 2018 -China | TA/CHI/S/New/2018 | As early as possible |

B.N. Dammiada Kumara
Senior Assistant Secretary (Admin.)
Ministry of Provincial Councils, Local Government & Sports

පළාත් සභා සහ පළාත් පාලන අංශය
மாகாண சபைகள் மற்றும் உள்ளூராட்சி பிரிவு
Provincial Councils & Local Government Division
130, යුනියන් පෙදෙස, කොළඹ 02, ශ්‍රී ලංකා
30, யூனியன் பிளேஸ், கொழும்பு 02, இலங்கை.
130, Union Place, Colombo 02, Sri Lanka.
TP : +94 112 305 326 / +94 112 305 327 / +94 112 303 280

ක්‍රීඩා අංශය
விளையாட்டுப் பிரிவு
Sports Division
අංක 9, පිලිප් ගුනවර්ධන පාර, කොළඹ 07, ශ්‍රී ලංකා
இல.9, பிலிப் குணவர்தன வீதி, கொழும்பு 07, இலங்கை.
No. 9, Philip Gunawardana Road, Colombo 07, Sri Lanka.
TP : +94 112390 685 / +94 112 697 934

1



විදේශ සම්පත් දෙපාර්තමේන්තුව
வெளிநாட்டு வளங்கள் திணைக்களம்
Department of External Resources

ජාතික ප්‍රතිපත්ති හා ආර්ථික කටයුතු අමාත්‍යාංශය
මහලේකම් කාර්යාලය (3 වැනි මහල), නැ.පෙ. 277, කොළඹ 00100, ශ්‍රී ලංකාව
தேசிய கொள்கைகள் மற்றும் பொருளாதார அலுவல்கள் அமைச்சு,
இலங்கை (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

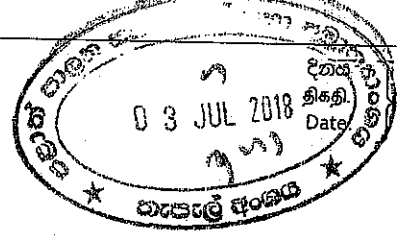
Web Site: www.erd.gov.lk

e-mail: info@erd.gov.lk

මගේ අංකය
எனது இல.
My No

TA/CH/S/New/2018

මගේ අංකය
உமது இல
Your No..



20 June 2018

Secretary\ Ministry of Agriculture
Secretary\ Ministry of Plantation Industries
Secretary\ Ministry of Provincial Councils, Local Government & Sports

Dear Sir/Madam

**2018 Seminar on Import-Export Food Inspection and Food Safety for
Developing Countries - from 20 July to 09 August 2018 - China**

The Government of China has invited nominations from eligible Government Officials in Sri Lanka for the above training program. 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
Noor Rizna Anees
Additional Director General
for Director General

SAS (Ad)
call application from
C.S's in all Provinces
before 10th of J.
9/3

විදේශ සම්පත් දෙපාර්තමේන්තුව
 வெளிநாட்டு வளங்கள் திணைக்களம்
 Department of External Resources

ජාතික ප්‍රතිපත්ති හා ආර්ථික කටයුතු අමාත්‍යාංශය
 මහලේකම් කාර්යාලය (3 වැනි මහල), නැ.ප. 277, කොළඹ 00100, ශ්‍රී ලංකාව
 කොළඹ (3 වැනි මහල), නැ.ප. 277, කොළඹ 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/SH/S/New/2018

ඔබේ අංකය
 உமது இல
 Your No..

දිනය
 திகதி
 Date

20 June 2018

Secretary\ Ministry of Agriculture
 Secretary\ Ministry of Plantation Industries
 Secretary\ Ministry of Provincial Councils, Local Government & Sports



Dear Sir/Madam

2018 Seminar on Agricultural Development Planning for Countries Under Belt & Road Initiative- from 20 July to 09 August 2018 - China

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Your early attention in this regard is highly appreciated.

Yours sincerely

Noor Rizna Anees
 Noor Rizna Anees
 Additional Director General
 for Director General

SAS (AS)

*all application from
 P.C's - Specialty Agriculturals
 Ministries of Postwar*

9/3

අධ්‍යක්ෂ ජනරාල්
 பணிப்பாளர் நாயகம்
 Director General

94-11-2484693
 94-11-2434876

කාර්යාලය
 அலுவலகம்
 Office

94-11-2484500
 94-11-2484600
 94-11-2484724

වැඩිදුර 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 <input type="checkbox"/> 技术 <input type="checkbox"/> | 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 <input type="checkbox"/> 司局级 <input type="checkbox"/> 处级及以下 <input type="checkbox"/> | |
| | 建议舱位 | 头等舱 <input type="checkbox"/> 商务舱 <input type="checkbox"/> 经济舱 <input type="checkbox"/> | |
| 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 | <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”)
Have you ever had any of the following diseases?
(Each item must be answered "Yes" or "No")

| | | | | | |
|--|-----------------------------|------------------------------|--|-----------------------------|------------------------------|
| 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”)
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 | <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 | 血压 Blood pressure | mmHg |
| 发育情况 Development | | 营养情况 Nourishment | | 颈部 Neck | |
| 视力 左 L Vision 右 R | | 矫正视力 左 L Corrected vision 右 R | | 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 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 |
| 黄热病 | Yellow fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | 开放性肺结核 |
| 鼠疫 | Plague | <input type="checkbox"/> No <input type="checkbox"/> Yes | 艾滋病 |
| 麻风 | Leprosy | <input type="checkbox"/> No <input type="checkbox"/> Yes | 精神病 |
| Venereal Disease | <input type="checkbox"/> No <input type="checkbox"/> Yes | Opening lung tuberculosis | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| AIDS | <input type="checkbox"/> No <input type="checkbox"/> Yes | 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 | | |
| | | | | | |

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 | | |
| | | | | | |

| | | | | | |
|---|---------------|-----------------|-----------------|-------------|--------------|
| 8.2 Performance at the First Degree (Please Check in case of Special and General Degrees only) | Ordinary Pass | 2nd Class Lower | 2nd Class Upper | First Class | Not Relevant |
| | | | | | |

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) |
|---|--------------------------|----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Main Function of the Agency in the Field of Training (Please Check only one Box) | Execution | Supervisory | Training/Teaching |
|---|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I certify the accuracy of the information given above.

Signature of Head of the Department and Stamp

Date: