

MINISTRY OF HEALTH AND WELLNESS

MHC/APT/LL V₃

MINISTRY OF HEALTH AND WELLNESS CIRCULAR NO. 1 of 2025

From : Acting Senior Chief Executive, Ministry of Health and Wellness

To : Head of Sections/Divisions

Vacancies for the post of Lorry Loader

Applications are invited from qualified employees of the Ministry who wish to be considered for appointment as Lorry Loader in the Ministry of Health and Wellness.

II. QUALIFICATIONS

By selection from among employees on the permanent and pensionable establishment of the Ministry who have a good health and a sound physique.

NOTE

Selected candidates will be required to undergo a medical examination to be carried out by the Ministry to assess their fitness to perform the duties of Lorry Loader.

III. DUTIES

1. To load, unload and store properly and carefully bags of rice and flour, furniture, cases of drugs, medicines, containers, medical items and any other materials on transfer from and to the Central Supplies Division, Hospitals, Health Institutions and warehouses.
2. To accompany drivers in lorries or other Government vehicles and assist in cases of breakdown on the road.
3. To assist the driver in removing and mounting tyres.
4. To provide assistance to Drivers (Heavy vehicles above five tonnes) during operations, as and when required.
5. To clean and wash lorries including garages and to keep tidy the lorry or any other Government vehicle in use.
6. To perform such other duties directly related to the main duties listed above or related to the delivery of the output and results expected from the Lorry Loader in the roles ascribed to him.

IV. SALARY

The permanent and pensionable post carries salary in the scale of Rs 13745 x 230 – 13975 x 250 – 15225 x 260 – 17825 x 275 – 18925 x 300 – 19525 x 325 – 21475 x 375 – 21850.

The selected candidates will be appointed in a temporary capacity in the first instance for a period of six months and will draw a flat salary of Rs 13745 a month plus salary compensation, at approved rates. However, employees drawing higher salaries will retain the salaries of their substantive posts, where applicable. Consideration will, thereafter, be given for their appointment as **Lorry Loader in a substantive capacity subject to: -**

- (a) vacancies arising in the grade;
- (b) being found fit to perform the duties of the post; and
- (c) being favourably reported upon by their respective Heads of Divisions/Sections.

P.T.O.

V. MODE OF APPLICATION

- a. Qualified candidates should submit their application on the prescribed form which may be obtained **either** from the Hospital Executive Assistant's Office **or** the Human Resource (HR) Sections of the Regional Hospitals **or** at the Reception Counter of the Ministry of Health and Wellness, **Level 2, Nexsky Building, Cybercity, Ebene**, or from the website of the Ministry at **<http://health.govmu.org>**
- b. **Candidates should submit their application form in duplicate: one copy should be sent directly to the Senior Chief Executive, Ministry of Health and Wellness and the duplicate through their respective Heads of Divisions/Sections and Human Resource Section of their respective region.**
- c. Care should be taken to fill the application form correctly. **Incomplete, inadequate or inaccurate filling of the application form may entail elimination of the applicant.**
- d. The originals of birth and qualification certificates should **not** be submitted with applications, but applicants should produce same as and when called upon to do so. **Applications not made on the prescribed form will not be considered.**

VI. CLOSING DATE

Application Forms should reach the Senior Chief Executive (attention Human Resource Section A), Ministry of Health and Wellness, 5th Floor, Emmanuel Anquetil Building, Port Louis not later than **3.30 p.m on Monday 27 January 2025. Applications received after the closing date will not be considered.**

VII. When transmitting Applications Forms, Heads of Divisions/Sections/Human Resource Section of the respective region should:-

- (a) verify all documents and evidence in respect of information given under any of the headings at Part I of the application forms; and
- (b) complete **Part II** of the application form of each applicant of their respective Divisions/Sections and sign the last part of the application form certifying the correctness of the particulars recorded therein. The duplicate form should be submitted to the Human Resource Section within **one week** after the closing date.
- (c) **The Human Resource Section of Regional Hospitals should verify the duplicate copy and complete Part III before submitting any application to the Acting Senior Chief Executive (attention Human Resource Section A), Ministry of Health and Wellness, 2nd Floor, Nexsky Building, Cybercity, Ebene, within fifteen days after the closing date.**

VIII. **Head of Sections/Divisions are requested ensure that the contents of this Circular are brought to the attention of all eligible employees including those on leave.**

Date: 07 January 2025

**Ministry of Health and Wellness
2nd Floor, Nexsky Building
Cybercity
Ebene**

*Copy to: Regional Health Services Administrators, JH, SSRNH, SAJH, JNH and VH
Chief Hospital Administrator
Hospital Administrator, All Hospitals
Manager, Human Resources, JH, SSRNH, SAJH, JNH and VH
File "Circular"*

MINISTRY OF HEALTH AND WELLNESS

Part I

1. **Post applied for:**.....
2. **Date of advertisement:**.....
3. **Surname** (in block letters):.....
4. **Other names:**.....
5. **Maiden Name** (if applicable):.....
6. **Title:** Mr Mrs Miss (Tick as appropriate)
7. **Date of Birth:** 8. **Age:**
9. **National Identity No.:**
10. **Telephone No.:** Res:..... Mobile: Place of work:.....
11. **Residential Address** (in block letters):.....
12. **Place of work:**.....
13. **Date joined service:**.....as.....
14. **Date transferred to PPE:**.....
15. **Present Job Title:**.....
16. **Date of Present Appointment:**.....
17. **Previous Appointment held in the Government Service and Capacity:**

<i>Appointment</i>	<i>From</i>	<i>To</i>	<i>Ministry/Department</i>

18. **Qualifications:**

(a) **Detailed Results**

<i>C.P.E/PSLC</i> <i>Year.....</i>		<i>School Certificate</i> <i>Year.....</i>		<i>GCE 'O' Level</i> <i>Year.....</i>	
<i>Subjects</i>	<i>Grade</i>	<i>Subjects</i>	<i>Grade</i>	<i>Subjects</i>	<i>Grade</i>

Note: Please attach copies of birth and educational certificates.

(b) **Any other qualifications/experience: (e.g actingship):**

19. (a) **Have you been the subject of an investigation/enquiry for any offence during the last 10 years?**

Answer Yes or NoIf Yes, indicate nature of offence and date of outcome.

(b) **Have you ever been prosecuted before a court of law for any offence AND subsequently found guilty during the last 10 years?**

Answer Yes or NoIf Yes, give details (court, charge, date of judgement and sentence – e.g imprisonment, fine, caution or conditional discharge):-

Date:.....

.....
Signature of Applicant

Part II

To be filled in by Head of Division/Section/Unit concerned

(i) **Record of sick leave during the past 3 years:**

2022:..... 2023:..... 2024:.....

Record of unauthorised absence during the past 3 years:

2022:..... 2023:..... 2024:.....

(ii) **Report on applicant:**

Work: Conduct: Attendance:

(iii) **Comments, if any, on experience claimed and any other remarks:**

.....

Date:

.....
(Signature of Officer)

Name (in full):

Designation:

Part III

To be filled by an officer not below the rank of Human Resource Executive in the Human Resource Section of the Regional Hospital where the applicant is posted

(i) Whether officer has been subject to disciplinary action for the past ten years. If in the affirmative, please give details:

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(ii) Whether the officer was / or is subject to police enquiry for any offence. In the affirmative, please give details:

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.....
.....

(iii) Overall Score of Performance obtained according to the Performance Appraisal Form during the past 3 years:

<i>Year</i>	<i>Rating</i>	<i>Year</i>	<i>Rating</i>	<i>Year</i>	<i>Rating</i>
2021/2022		2022/2023		2023/2024	

I certify that particulars under Parts I, II and III have been verified and found correct.

Date:

.....
(Signature of Officer)

Name (in full):

Designation:

