

# URGENT

Office Use Only Date of Collection:
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**APPLICATION FOR A CERTIFICATE OF GOOD STANDING**  
**(VERIFICATION OF REGISTRATION PARTICULARS )**  
[ CGS]

**(PLEASE USE BLOCK CAPITALS)**

FULL NAME: .....

.....

ADDRESS: .....

.....

REGISTRATION NO. ....

DATE OF REGISTRATION: ..... GENDER: MALE / FEMALE

QUALIFICATION/S:.....

.....

.....

CONTACT TELEPHONE NO. ....

**CATEGORY (UNDERLINE THE APPROPRIATE CATEGORY)**  
MEDICAL PRACTITIONER WITH FULL REGISTRATION // MEDICAL PRACTITIONER  
WITH TEMPORARY REGISTRATION /DENTIST /PERSONS ENTITLED TO PRACTISE  
MEDICINE AND SURGERY /PHARMACIST/ PARA-MEDICAL ASSISTANT  
/PROFESSIONS SUPPLEMENTARY TO MEDICINE

.....  
DATE

.....  
SIGNATURE OF APPLICANT

REGISTRAR,  
SRI LANKA MEDICAL COUNCIL  
31, NORRIS CANAL ROAD,  
COLOMBO 10.  
TEL: 2691848 FAX: 2674787

SEE INSTRUCTIONS ON NEXT PAGE

## INSTRUCTIONS

1. The application should be duly completed and signed by the applicant.
2. The category under which the applicant was registered should be selected from the list given in the application form and underlined.
3. The payment for issue of a CGS:
  - Within a day is Rs. 3000.00 (urgent)-**should hand over the app. on the same date before 10.30 a.m.**
  - in a week is Rs. 2000.00 (non-urgent)

Payments should be made to any branch of the **BANK OF CEYLON** credited to the account of the Sri Lanka Medical Council A/c No. 0000371208. **(Bank credit invoice slips could be collected at the Bank)**

**NB:** A **renewal certificate** could be obtained within three months of issue of the original certificate on payment of Rs. 500.00

Please forward the following:

1. The Application Form duly completed
2. The SLMC Bank Voucher and the cash deposit slip issued by the Bank certifying payment.

## **IMPORTANT**

**If your name has been erased from the register, a Certificate of Good Standing cannot be issued till you restore and renew your registration. Please obtain a separate application for Restoration & Renewal (Payment for this is Rs. 5000/=**

**The certificate will be issued on the date of collection between 2.00 p.m. – 4.00 p.m.**

Registrar,  
SRI LANKA MEDICAL COUNCIL  
31, Norris Canal Road,  
Colombo 10.

Telephone : +94 11 2691848  
Fax : +94 11 2674787  
E-mail : [slmc@lankabellnet.com](mailto:slmc@lankabellnet.com)