

APPLICATION FOR CONFIRMATION OF REGISTRATION AS A NURSE / MIDWIFE

FULL NAME :

.....

ADDRESS :

.....

REGISTRATION NO:

DATE OF REGISTRATION:

GENDER : MALE / FEMALE

NAME OF SCHOOL OF NURSING:

MEDIUM OF INSTRUCTION & EXAMINATION: SINHALA / TAMIL / ENGLISH

CONTACT TELEPHONE NO:

.....

DATE

.....

SIGNATURE OF APPLICANT

(Please see INSTRUCTIONS on next page)

INSTRUCTIONS

Please forward the following:

1. The application form duly completed and signed by the applicant.
2. One copy of the attached SLMC Paying-in slip and the Bank credit invoice slip duly certified by the Bank.
 - Rs. 3000/- should be paid to any branch of the **BANK OF CEYLON** to the account of the Sri Lanka Medical Council A/C No. 0000371208. (Bank credit slip could be collected at the Bank)
 - If you are residing overseas, you could send a Bank Draft in favour of the Sri Lanka Medical Council for U.S Dollars (US\$ 30)

If your name differs from our Registration, please apply for Change of Name (applications are available on the Website)

PLEASE CALL OVER TO COLLECT THE CERTIFICATE TWO (2) WEEKS AFTER THE DATE OF HANDING THE APPLICATION TO THIS OFFICE.

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

Telephone : 0094 11 2691848
Fax : 0094 11 2674787

Email : slmc@lankabellnet.com

Website : www.srilankamedicalcouncil.org