



APPLICATION FOR REQUESTING A LETTER FROM THE
SRI LANKA MEDICAL COUNCIL
(ALL CATEGORIES)

FULL NAME:

.....

MAIDEN NAME:

.....
(applicable to female only)

ADDRESS:

.....

CATEGORY: DOCTOR / DENTIST / OTHER:

Are you registered in the Council: YES / NO.

If Yes, REGISTRATION NO:

DATE OF REGISTRATION:

PURPOSE FOR REQUESTING THIS LETTER

.....

REQUIREMENT: REGISTRATION DETAILS/ INTERNSHIP DETAILS/VERIFICATION/

OTHER:

CONTACT TELEPHONE NO:

DATE :

.....
SIGNATURE

INSTRUCTIONS

Please forward the followings:

1. The above application duly completed and signed by the applicant.
2. One (1) copy of the attached SLMC paying in slip and the Bank Credit invoice slip duly certified by the bank. **Rs. 500/-** should be paid to any branch of the BANK OF CEYLON to the account of the Sri Lanka Medical Council A/C No. 0000371208.

Registrar
Sri Lanka Medical Council
31, Norris Canal Road
Colombo 10

Telephone: 2691848 / Fax: 2674787 / Email: slmc@lankabellnet.com