

**Applicable only for those who hold a degree registrable with SLMC**

<p style="text-align: center;"><b><u>FOR OFFICE USE ONLY</u></b></p> <p><b>REG NO. ....</b></p>
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<p style="text-align: center;">PLEASE PASTE ONE (1) COLOUR STAMP SIZE PHOTOGRAPH</p>
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**SRI LANKA MEDICAL COUNCIL**

**APPLICATION FOR PROVISIONAL REGISTRATION AS A MEDICAL PRACTITIONER**  
**(SECTION 29(2) OF THE MEDICAL ORDINANCE)**

FULL NAME : .....

.....

ADDRESS : .....

.....

NAME OF UNIVERSITY / MEDICAL FACULTY: .....

EFFECTIVE DATE OF THE DEGREE : MONTH ..... YEAR .....

DATE OF ENROLLMENT TO THE MEDICAL COURSE.....

ADVANCED LEVEL RESULTS:

INDEX NO..... YEAR .....

BIOLOGY : ..... CHEMISTRY : ..... PHYSICS : .....

GENDER : MALE / FEMALE

NATIONAL IDENTITY CARD NO : .....

CONTACT TELEPHONE NO : .....

E – MAIL : .....

.....  
DATE

.....  
SIGNATURE OF APPLICANT

**(SEE INSTRUCTIONS ON REVERSE)**

**INSTRUCTIONS**

Please note that this applicable to only for those who hold a degree registrable with SLMC forward the following documents with the application form.

1. The application form on the reverse side should be duly completed and signed by the applicant.
2. The **Original Advanced Level Certificate** together with a photocopy of the same.
3. The payment for Rs. 4000/- should be made to the **Sri Lanka Medical Council Account No: 0000371208** through any branch of **BANK OF CEYLON** and the SLMC payment voucher together with the Bank Credit Slip (Green Slip) should be attached to the application.
4. **Two (2) recent Coloured Stamp Size Photographs.** One (1) should be pasted on the top right hand side, of the application and the other should be attached to the application with the applicant's name written clearly on the reverse side of the photograph.
5. Your National Identity Card together with a photocopy of the same.
6. In the case of Foreign Qualified Medical Graduates the above mentioned documents should be attached together with a photocopy of the Certificate of Completion of the ERPM issued by the Sri Lanka Medical Council.

The Applicant should attend personally to handover the above documents on any working day from Monday to Friday between 9.00 a.m. to 3.00 p.m. Applications posted will not be accepted and SLMC will not be responsible for losses of original certificates posted.

**PLEASE CALL OVER TO COLLECT THE CERTIFICATE PERSONALLY WHEN THE MINISTRY OF HEALTH CALLS FOR APPLICATIONS FOR THE INTERNSHIP APPOINTMENTS.**

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

Telephone No : 011-2691848  
Fax No : 011-2674787