

Application for Provisional Registration
Applicable only for those who hold a degree registrable with SLMC

PLEASE
PASTE ONE (1)
COLOUR
STAMP SIZE
PHOTOGRAPH

FOR OFFICE USE ONLY
REG NO.

SRI LANKA MEDICAL COUNCIL

**APPLICATION FOR PROVISIONAL REGISTRATION AS A MEDICAL
PRACTITIONER UNDER SECTION 29 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 :

.....
DATE

.....
SIGNATURE OF APPLICANT

(SEE INSTRUCTIONS ON REVERSE)

INSTRUCTIONS

Please forward the following :

1. The application form on the reverse duly completed and signed by the applicant.
2. The **Original** Advanced Level Certificate and one photocopy of the same.
3. The payment for Rs. 4000/- could be made with the enclosed SLMC Paying in slip, to **Sri Lanka Medical Council Account No: 0000371208 BANK OF CEYLON, MARADANA**, or to any other branch of the **BANK OF CEYLON**, the paying in slip could be certified by the Bank.

(Bank credit invoice slips could be collected at the Bank)

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 with the application with the applicants name written clearly on the reverse of the photograph.
5. All the above documents should be handed over in person or by a representative to SLMC office during office hours (9.00 a.m. to 4.15 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 WHEN THE MINISTRY OF HEALTH CALLS FOR THE INTERVIEW FOR THE INTERNSHIP APPOINTMENTS.

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

Telephone : 2691848

Fax: 2674787