

<b>INDEX NO:</b>

**SRI LANKA MEDICAL COUNCIL**  
**(SPECIAL EXAMINATION FOR DENTAL GRADUATES**  
**QUALIFIED ABROAD UNDER SECTION 43 OF THE**  
**MEDICAL ORDINANCE**

**APPLICATION FOR THE DENTAL EXAMINATION – APRIL / MAY - 2017**  
**(FILL IN BLOCK CAPITALS)**

1. (a) FULL NAME.....  
.....

(b) SURNAME WITH INITIALS:  
.....

(c) MAIDEN NAME : (IF ANY)  
.....

2. DATE OF BIRTH: .....

3. GENDER : FEMALE / MALE

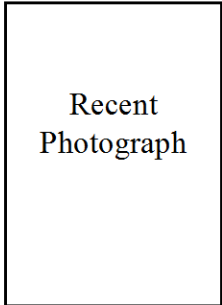
4. (a) PERMENENT ADDRESS:  
.....  
.....  
(All correspondence will be sent to this address)

(b) CONTACT TELEPHONE NO: .....

5. (a) NATIONAL IDENTITY CARD NO: .....

(b) PASSPORT NO: ..... DATE OF ISSUE .....

DATE OF EXPIARY: .....



6. (a) SECTION APPLIED FOR SHOULD BE INDICATED BY INITIALLING AGAINST EACH SECTION.

PART I	THEORY & PRACTICAL	
PART II	CLINICAL	

(b) TOTAL AMOUNT PAID: .....

7. SECTION PREVIOUSLY PASSED

(Please write the month/year of passing in the appropriate cage)

PART I	THEORY & PRACTICAL	
--------	--------------------	--

8. QULIFICATIONS :

(1) DEGREE/ DIPLOMA .....

(2) DENTAL COLLEGE/ UNIVERSITY : .....

(3) CITY AND THE COUNTRY: .....

(4) YEAR OF QUALIFYING: .....

(5) THE DATE OF APPROVAL OF THE DEGREE/DIPLOMA BY THE SLMC):

.....

I state that I am a citizen of Sri Lanka. The particulars stated above are correct and I hereby agree to abide by the rules of the examination. I further state that my medical degree/diploma has been approved by the SLMC.

.....  
SIGNATURE OF APPLICANT

.....  
DATE

**IMPORTANT**

Please read the instructions carefully before completing the application.

**INSTRUCTIONS TO APPLICANTS:**

**(1) APPLICATION FORM:**

The application form for this examination may be collected at the same time of collection of the approval of degree.

However applications will NOT be accepted until and unless

1. The degree /diploma is approved by the council.
2. Applications for the Examination are called by the SLMC.
3. The applicant is a citizen of Sri Lanka.

**(2) FEES:**

The fee for the examination is Rs. 20,000/=.

The FEES can be paid at any branch of the HATTON NATIONAL BANK, and duly filled Bank payment voucher should be submitted with the application. Please obtain the bank voucher forms from the council.

**(4) ADMISSION:**

Time table, admission card, and the instructions will be sent to each candidate by registered post, at least 05 days before the date of examination.

The admission card, Index card and the passport should be produced at the examination. You should submit self-address stamped (Rs: 60/- & 40/-) envelopes for the purpose of sending above documents with the application.

If you do not possess a currently valid passport, you should bring your expired passport with the relevant endorsement as a proof of studying abroad and National Identity Card or Driving license as identification document.

If you have a valid passport with the endorsement mentioned above it will be accepted as an Identity card as well.

Your name with initials, passport number and the signature should be written on the back of each photograph( 4 PASSPORT SIZE COLOURE PHOTO'S).

If your surname has been changed please submit documentary proof of change of name. (e:g marriage certificate)

YOU SHOULD WRITE THE SURNAME AND INITIALS AS APPEARING IN YOUR PASSPORT AND YOUR APPLICATION FOR APPROVAL OF THE DEGREE / DIPLOMA IN THIS APPLICATION.

- (5) (a) Application should be legibly filled in English by the applicant in his/her own hand writing and signed personally by the applicant at the time of handing over of the application. Type written applications will not be accepted.

- (b) Incomplete applications will be rejected.

- (6) (a) No applications will be accepted after the closing date.
- (b) Applications could be withdrawn before 07 days after the closing date and 75% of the application fees will be refunded. There after no refunds will be made. No transfer of applications to next examination is permitted.
- (7) Photocopies of the relevant pages of the Passport and National Identity Card should be submitted with the application. The Passport and the National Identity Card should be submitted for perusal at the time of submission of the application.
- (8) Application must be handed over personally by the applicant and he/she should sign the register maintained at the SLMC for that purpose.

Exemption : If the candidate is residing outside Sri Lanka, the application may be sent by registered post with a certificate of attestation by an authorized officer of the High Commission of Sri Lanka or Attorney at law / Notary Public / Solicitor of the country of temporary residence

- (9) RESULTS: Results will be released and published the notice board of SLMC, after the approved of the Education Committee subject to confirmation by the Council. Results sheet will be sent to Individual candidates only after conformation of the results by the Council.

Application will not be accepted after **1.00 p.m on 17<sup>th</sup> February 2017.**

REGISTRAR  
SRI LANKA MEDICAL COUNCIL,  
NO:31, NORRIS CANAL ROAD,  
COLOMBO 10.

TELEPHONE: 2691848/ 5623651  
FAX 2674787

**PAYMENT BY CASH**

**CODE: ACT 43**

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

**Hatton National Bank, Branch :.....**

**Please credit to A/C No. 003010153598, Sri Lanka Medical Council  
Hatton National Bank, Darley Road Branch, Colombo 10.**

**Name of Applicant (IN BLOCK LETTERS)**

.....  
.....

**Address .....**

.....

**On account of Dental Graduate Qualified Abroad under section 43 of the Medical Ordinance  
Examination**

	<b>SUBJECT</b>	<b>RUPEES</b>
<b>PART I</b>	<b>THEORY &amp; PRACTICAL</b>	<b>10,000/-</b>
<b>PART II</b>	<b>CLINICAL</b>	<b>10,000/-</b>

Date :.....

Signature of Applicant

**Received the above amount for credit to Sri Lanka Medical Council, A/C No: 003010153598 Hatton  
National Bank, Darley Road, Branch, Colombo 10.**

**Hatton National Bank Seal**