

SRI LANKA MEDICAL COUNCIL

APPLICATION FOR RE-CORRECTION OF ERPM PARTS A & D ANSWER PAPERS

Month: May 2016

FULL NAME:

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ADDRESS:

INDEX NO :

NATIONAL IDENTITY CARD NO :

SUBJECTS FOR RE-CORRECTION OF ANSWER PAPERS:

1. 2.

3. 4.

5. 6.

.....
Signature

.....
Date

See reverse of this application for instructions

INSTRUCTIONS

PLEASE FORWARD THE FOLLOWING:

1. The application duly completed and signed only by the applicant.
2. The attached bank paying –in-slip duly certified by the bank.

Payment should be made to the Sri Lanka Medical Council A/C No. 003010153598 at any branch of the Hatton National Bank in the Island at the rate of Rs. 1,000/= for each subject.

PAYMENT BY CASH ONLY

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)

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Address:

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On account of the ERPM (PART A & D- WRITTEN PAPERS) Re-correction

PAPER	RE-CORRECTION FEE	RUPEES
1.	MEDICINE AND PSYCHIATRY	1000/-
2.	PAEDIATRICS AND PSYCHIATRY	1000/-
3.	SURGERY	1000/-
4.	OBSTETRICS AND GYNAECOLOGY	1000/-
5.	COMMUNITY MEDICINE	1000/-
6.	FORENSIC MEDICINE	1000/-
OPTION 2	COMMUNITY MEDICINE	1000/-
	FORENSIC MEDICINE	1000/-
	TOTAL	

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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