

SRI LANKA MEDICAL COUNCIL

*SPECIAL EXAMINATION UNDER ACT 16 OF 1965 AND SECTION 29(i)(ii)(cc) AND SECTION 29
(2)(b)(iii)(cc) OF THE MEDICAL ORDINANCE.*

EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM) IN SRI LANKA PART A AND PART D

APPLICATION - JULY 2019

FILL ALL THE CAGES (USE BLOCK CAPITALS)

| |
|---------|
| REG. NO |
| |

*APPLICATION ACCEPTED FROM 23RD MAY 2019,
9.30 A.M TO 1.00 P.M. ON WEEK DAYS. LAST DATE FOR
ACCEPTING APPLICATION IS THURSDAY 06TH JUNE 2019.*

| |
|---|
| PASTE RECENT PHOTOGRAPH (GOOD QUALITY MATT PAPER) |
|---|

PERSONAL DETAILS

1. (a) FULL NAME:
-
- (b) PREVIOUS NAMES IF ANY:
-
2. PERMANENT ADDRESS:
-
- (All correspondence will be sent to this address)*
3. NIC NO:..... DATE OF BIRTH:..... GENDER: MALE / FEMALE
4. PASSPORT NO(S): CONTACT NO:.....
5. ADVANCED LEVEL RESULTS: SRI LANKA / OTHERS ORIGINAL SEEN
- BIOLOGY:..... CHEMISTRY: PHYSICS:
6. (a) MEDICAL SCHOOL/UNIVERSITY AND COUNTRY:
.....
- (b) DEGREE/DIPLOMA:..... YEAR OF QUALIFYING:
- (c) DATE OF DEGREE APPROVAL:..... DATE OF ERPM REGISTRATION:

ERPM PART - A

| | SUBJECT | SIGNATURE |
|----------------|-------------------------------------|-----------|
| PAPER 1 | MEDICINE & PSYCHIATRY | |
| PAPER 2 | PAEDIATRICS & PSYCHIATRY | |
| PAPER 3 | SURGERY | |
| PAPER 4 | OBSTETRICS & GYNAECOLOGY | |

ERPM PART - D

| | SUBJECT | SIGNATURE |
|----------------|---------------------------|-----------|
| PAPER 5 | COMMUNITY MEDICINE | |
| PAPER 6 | FORENSIC MEDICINE | |

.....
SIGNATURE OF APPLICANT
(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

INSTRUCTIONS TO CANDIDATES

1. Candidates **should apply** for all subjects of ERPM Part A and Part D at the first attempt and those subjects **NOT** passed in previous examinations.
2. Please forward **two (2) recent unedited colour photographs (size 3 cm x 2.5 cm) of the applicant with frontal view of the face against a white background on good quality matt paper.** (Any other size or form would not be accepted). One photograph is to be pasted on the application form by the candidate and the other photograph would be included in the admission Card.
First time applicants, forward Three (3) recent unedited colour photographs of the applicant with frontal view of the face (size 3 cm x 2.5 cm) against a white background on good quality matt paper. (Any other size or form would not be accepted).
3. **The ERPM Registration Card, Passport, Degree Approval Letter, National Identity Card, the Original G.C.E Advanced Level Certificate and a copy should be submitted for perusal at the time of application.**
4. Submit **TWO self-addressed envelopes – 4 inches x 9 inches** to receive the Admission Card, the Registration Card, instructions and the results. One envelope should be stamped to the value of **Rs. 70/-** and other for **Rs. 45/-**.
5. The ERPM Registration Card (first time candidates), Time Table, Admission Card and the instructions regarding the exam will be sent to each candidate by registered post, before the examination.

FILLING THE APPLICATION FORM

- a) Applications should be legibly written in English by the Applicant in his/her own handwriting.
- b) You should write the surname, other names and initials as they appear in your passport and the certificate of Approval of your Degree. If you have changed your name, please produce documentary proof (e.g. Marriage Certificate).
- c) Incomplete applications will be rejected
- d) No applications will be accepted after 1.00 p.m. on the closing date
- e) Applications could be withdrawn with stated reasons in writing before the closing date and time of the application. On the withdrawal of the application, the fees would NOT be transferred for a future examination. Fees already paid shall be refunded depending on the stage of processing.
- f) Fees would not be refunded for rejected applications.
- g) **Applications must be handed over personally by the applicant only and he/she should sign the register maintained at the office for that purpose. Other persons should not accompany the applicant.**
- h) **Overseas Candidates:** If the candidate is residing outside Sri Lanka, the application should be sent before the closing date and time for receipt of applications at the SLMC with a certificate of attestation by an Authorised Officer of the Sri Lanka High Commission or Embassy/ Attorney at law/ Notary Public/ Solicitor of the country of temporary residence on the form ‘Declaration by the Applicant’ supplied by the Council (which can be downloaded from the website). The application form should be faxed directly to Sri Lanka Medical Council before the closing date and time for receipt of applications and the original documents (courier/post) should reach the SLMC within one week from the closing date.

APPLICATIONS WILL BE ACCEPTED FROM 9.30 A.M. TO 1.00 P.M ON WEEK DAYS FROM 23RD MAY TO 06TH JUNE 2019. APPLICATIONS WILL NOT BE ACCEPTED AFTER 1.00 P.M. ON 06TH JUNE 2019.

Registrar,

Sri Lanka Medical Council

31, Norris canal Road, Colombo 10.

Telephone Nos.: 2691848/5623651

Fax: 0094112674787

ERPM PART A AND ERPM PART D - PAYMENTS

The fees could be paid at any branch of the Hatton National Bank. The paying – in – slip obtained from the Sri Lanka Medical Council should be used for payment and attached to the application after payment.

CHEQUES WILL NOT BE ACCEPTED BY THE COUNCIL

| ERPM PART A | FEES |
|--------------------------|------------|
| MEDICINE & PSYCHIATRY | RS. 3250/- |
| PAEDIATRICS & PSYCHIATRY | RS. 3250/- |
| SURGERY | RS. 3250/- |
| OBSTETRICS & GYNAECOLOGY | RS. 3250/- |

| ERPM PART D | FEES |
|--------------------|------------|
| COMMUNITY MEDICINE | RS. 2000/- |
| FORENSIC MEDICINE | RS. 2000/- |

DATA SHEET

NAME:

ERPM REG. NO:.....

PREVIOUS EXAM PERFORMANCE

(ON COMPLETION OF ERPM PARTS A, B, C AND D THIS INFORMATION WOULD BE USED TO DETERMINE THE ORDER OF MERIT)

ERPM PART A

INDICATE THE SUBJECTS PASSED IN ERPM PART A

| SUBJECTS | YEAR | MONTH | INDEX NO |
|------------------------------------|------|-------|----------|
| MEDICINE & PSYCHIATRY (PAPER 1) | | | |
| PAEDIATRICS & PSYCHIATRY (PAPER 2) | | | |
| SURGERY (PAPER 3) | | | |
| OBSTETRICS & GYNAECOLOGY (PAPER 4) | | | |

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART A

ERPM PART B

INDICATE THE SECTION PASSED IN ERPM PART B (BEFORE JUNE 2014)

| SECTION PASSED | YEAR | MONTH | INDEX NO |
|---|------|-------|----------|
| CLINICAL SECTION (MED. + PAED. + SURG. + OBST. & GYNAE.) | | | |

INDICATE THE SUBJECTS PASSED IN ERPM PART B (FROM JUNE 2014)

| SUBJECTS | | YEAR | MONTH | INDEX NO |
|-----------------------|--------------------------|------|-------|----------|
| MEDICAL TRACK | MEDICINE | | | |
| | PAEDIATRICS | | | |
| SURGICAL TRACK | SURGERY | | | |
| | OBSTETRICS & GYNAECOLOGY | | | |

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART B

ERPM PART C

INDICATE THE SECTION PASSED IN ERPM PART C (BEFORE JUNE 2014)

| EMERGENCY MEDICINE (VIVA VOCE) | YEAR | MONTH | INDEX NO |
|--------------------------------|------|-------|----------|
| EMERGENCY MEDICINE | | | |

INDICATE THE SECTIONS PASSED IN ERPM PART C (FROM JUNE 2014)

| EMERGENCY MEDICINE (VIVA VOCE SECTION) | YEAR | MONTH | INDEX NO |
|--|------|-------|----------|
| MEDICAL TRACK | | | |
| SURGICAL TRACK | | | |

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART C

ERPM PART D

INDICATE THE SUBJECTS PASSED IN ERPM PART D (BEFORE MARCH 2014)

| SUBJECT | YEAR | MONTH | INDEX NO |
|---|------|-------|----------|
| COMBINED PAPER (COM. MED./PATH/FOR.MED) | | | |

| VIVA VOCE | YEAR | MONTH | INDEX NO |
|--------------------|------|-------|----------|
| COMMUNITY MEDICINE | | | |
| FORENSIC MEDICINE | | | |
| OPTION 1 (VIVA) | YEAR | MONTH | INDEX NO |
| COMMUNITY MEDICINE | | | |
| FORENSIC MEDICINE | | | |
| OPTION 2 (10 MCQs) | YEAR | MONTH | INDEX NO |
| COMMUNITY MEDICINE | | | |
| FORENSIC MEDICINE | | | |

INDICATE THE SUBJECTS PASSED IN ERPM PART D (FROM MARCH 2014)

| SUBJECT | YEAR | MONTH | INDEX NO |
|------------------------------|------|-------|----------|
| COMMUNITY MEDICINE (PAPER 5) | | | |
| FORENSIC MEDICINE (PAPER 6) | | | |

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART D

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND I HEREBY AGREE TO ABIDE BY THE RULES OF THE EXAMINATION.

.....
SIGNATURE OF APPLICANT
(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

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)

.....
.....

Address:
.....
.....

On account of the ERPM (Part A and Part D)

| ERPM PART A | AMOUNT |
|-------------------------------------|-------------------|
| MEDICINE & PSYCHIATRY | RS.3,250/- |
| PAEDIATRICS & PSYCHIATRY | RS.3,250/- |
| SURGERY | RS.3,250/- |
| OBSTETRICS & GYNAECOLOGY | RS.3,250/- |
| ERPM PART D | |
| COMMUNITY MEDICINE | RS. 2000/- |
| FORENSIC MEDICINE | RS. 2000/- |
| TOTAL | |

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