

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 B AND PART C

REG. NO

APPLICATION – NOVEMBER / DECEMBER 2019

FILL ALL THE CAGES (USE BLOCK CAPITALS)

*APPLICATION ACCEPTED FROM 9.30 A.M TO 1.00 P.M.
ON WEEK DAYS. LAST DATE FOR ACCEPTING
APPLICATION IS FRIDAY 4th OCTOBER 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 B - APPLY SUBJECT WISE

SUBJECT	SIGNATURE
MEDICINE	
PAEDIATRICS	
SURGERY	
OBSTETRICS & GYNAECOLOGY	

ERPM PART C - APPLY TRACK WISE

EMERGENCY MEDICINE (VIVA VOCE SECTION)	SIGNATURE
MEDICAL TRACK	
SURGICAL TRACK	

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

.....
DATE

INSTRUCTIONS TO CANDIDATES

1. Candidates **should apply** for all subjects of ERPM Part B and Part C **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.
3. **The ERPM Registration Card, Passport, Degree Approval Letter, National Identity Card and the Original Advanced Level Certificate with a copy should be submitted for perusal at the time of submission of the application.**
4. You should also submit **TWO self-addressed envelopes – 4 inches x 9 inches are to be submitted** 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. 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 be refunded only if it is due to medical reasons for withdrawal and if it is supported by a medical certificate.
- f) Fees would not be refunded for rejected applications.
- g) **Applications must be handed over personally by the applicant and he/she should sign the register maintained at the office for that purpose**
- 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 by 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 SEPTEMBER 2019 TO 04th OCTOBER 2019. APPLICATIONS WILL NOT BE ACCEPTED AFTER 1.00 P.M. ON 04th OCTOBER 2019.

Registrar,
Sri Lanka Medical Council
31, Norris canal Road, Colombo 10.

Telephone Nos: 5623651/2691848 Fax: 0094112674787

ERPM PART B AND ERPM PART C - 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 B	FEES
MEDICINE	RS. 4500/-
PAEDIATRICS	RS. 4500/-
SURGERY	RS. 4500/-
OBSTETRICS & GYNAECOLOGY	RS. 4500/-

ERPM PART C (VIVA VOCE)	FEES
MEDICAL TRACK	RS. 3750/-
SURGICAL TRACK	RS. 3750/-

DATA SHEET

NAME:

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)

.....
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Address:
.....
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On account of the ERPM (Part B and Part C)

ERPM PART B (CLINICAL SECTION)	AMOUNT
MEDICINE	RS.4,500/-
PAEDIATRICS	RS.4,500/-
OBSTETRICS & GYNAECOLOGY	RS.4,500/-
SURGERY	RS.4,500/-
ERPM PART C (EMERGENCY MEDICINE) VIVA VOCE	
MEDICAL TRACK	RS. 3,750/-
SURGICAL TRACK	RS. 3,750/-
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