



REG. NO:

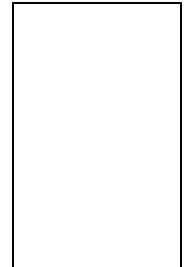
**SRI LANKA MEDICAL COUNCIL**

**(SPECIAL EXAMINATION CONDUCTED 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**

**APPLICATION FOR PART A OF THE EXAMINATION( NEW FORMAT)-**

**(month, year)  
(USE BLOCK CAPITALS)**



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

Recent Photograph

.....

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

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

2. DATE OF BIRTH :..... 3. GENDER: FEMALE/MALE

4. (a) PERMANENT 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 EXPIRY:.....

6. QUALIFICATIONS:

(A) DEGREE/DIPLOMA:.....

(B) MEDICAL SCHOOL:.....

(C) UNIVERSITY :.....

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

(E) YEAR OF QUALIFYING:.....

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

7. (a) SUBJECT(S) APPLIED FOR SHOULD BE MARKED BY INITIALLING AGAINST EACH SUBJECT IN THE APPROPRIATE CAGE

MEDICINE & PSYCHIATRY	Paper 1	
OBSTETRICS & GYNAECOLOGY	Paper 2	
PAEDIATRICS	Paper 3	
SURGERY	Paper 4	
COMMUNITY MEDICINE FORENSIC MEDICINE PATHOLOGY	Paper 5	

8. (a) SUBJECTS PREVIOUSLY PASSED BETWEEN JANUARY 2006 to MARCH 2009

(b) INDEX NO:.....

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

<b>PART - A</b>		
PAPER 1 & 2		
PAPER 3		

9. (a) SUBJECTS PREVIOUSLY PASSED AFTER SEPTEMBER 2009

(b) INDEX NO: .....

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

MEDICINE & PSYCHIATRY	Paper 1	
OBSTETRICS & GYNAECOLOGY	Paper 2	
PAEDIATRICS	Paper 3	
SURGERY	Paper 4	
COMMUNITY MEDICINE FORENSIC MEDICINE PATHOLOGY	Paper 5	

(c) TOTAL AMOUNT PAID. :.....

I,.....declare that the particulars stated above are true and correct to the best of my knowledge. I agree to abide by the rules of the examination.

.....  
Signature

.....  
Date

**P.S**

**APPLICATION WILL BE ACCEPTED 9.30 A.M UP TO 1.00 P.M. ON WEEK DAYS.  
APPLICATION WILL NOT BE ACCEPTED AFTER 1.00 P.M ON THE CLOSING DATE.**

**PAYMENT (NEW FORMAT EXAMINATION)**

The fees could be paid at any branch of the Hatton National Bank. The paying – in – slip given by the Sri Lanka Medical Council should be attached to the application.

**CHEQUE WILL NOT BE ACCEPTED BY THE COUNCIL**

<b><u>SUBJECTS</u></b>	<b><u>FEES</u></b>
Medicine (Paper 1)	Rs.2,500/-
Obstetrics & Gynaecology (Paper 2)	Rs. 2,500/-
Paediatrics (Paper3)	Rs.2,500/-
Surgery (Paper 4)	Rs. 2500/-
Comm. Med./ For. Med./ Path (Paper 5)	Rs. 2,500/-

**INSTRUCTIONS TO CANDIDATES**

1. **ADMISSION AND INDEX CARD** – The index card, Time Table, Admission Card and the instructions regarding the exam will be sent to each candidate by registered post, before the examination.

**The Admission Card, the Index Card and the Passport should be produced at the examination.**

If you do not possess a valid passport at present, the passport you used for studies abroad could be produced along with the National Identity Card or the Driving Licence to prove your identity.

If you possess a valid passport, it could be produced in place of the Identity Card.

If you have not sat the ERPM examination previously, please forward three (3) colour photographs taken within the last six (6) months of **3 cm. x 2½ cm.** size. (Any other size photographs would not be accepted). If you have sat for the ERPM before, please submit two (2) photographs. Your name with initials and surname should be written on the back of each photograph.

You should also submit **TWO self-addressed envelopes – 4 inches x 9 inches** to receive the Admission Card, the Index Card, instructions and the results. One envelope should be stamped to the value of Rs. 55/- and other for Rs. 15/-.

**2. 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 the closing date
- (e) Applications could be withdrawn in writing before the closing date of the application and 75% of the fee would be refunded. Fees would not be refunded for rejected applications.
- (f) There would not be any transfer of applications or fees for a future exam.

3. Applications must be handed over personally by the applicant and he/she should sign the register maintained at the office for that purpose

If the candidate is residing outside Sri Lanka, the application should be sent 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 and the original documents (courier/post) should reach us one week after the closing date.

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

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E-mail: slmc@lankabellnet.com  
Fax: +94 11 2674787