

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 – MAY 2023

FILL ALL THE CAGES (USE BLOCK CAPITALS)

REG. NO

APPLICATION ACCEPTED FROM 22nd MARCH 2023,
9.30 A.M TO 1.00 P.M. ON WEEK DAYS. LAST DATE FOR
ACCEPTING APPLICATION IS TUESDAY 04th APRIL 2023.

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. MOBILE NO:..... RESIDENCE (TEL):.....
5. EMAIL ADDRESS..... PASSPORT NO(S):.....
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	
PAPER 2	PAEDIATRICS	
PAPER 3	SURGERY	
PAPER 4	OBSTETRICS & GYNAECOLOGY	
PAPER 5	PSYCHIATRY	

ERPM PART - D

	SUBJECT	SIGNATURE
PAPER 6	COMMUNITY MEDICINE	
PAPER 7	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. Candidates who have previously passed in both Medicine & Psychiatry (former Paper 1) and Paediatrics & Psychiatry (former Paper 2) are exempted from sitting the present Psychiatry Paper 5.
3. 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 will not be accepted).

4. **The ERPM Registration Card, Passport, Degree Approval Letter and National Identity Card should be submitted for perusal at the time of application.**
5. **ONE self-addressed envelope – 4 inches x 9 inches to be submitted (to receive the Admission Card) Envelope should be stamped to the value of Rs. 110/-.**
6. Timetable and instructions regarding the examination will be emailed to each candidate and these details will also be posted on the SLMC webpage.
7. The admission card will be sent to each candidate through registered post/courier service before the examination. If you want to collect the admission card by hand, indicate “By Hand” on the upper left hand side of the envelope, and collect once it is ready (usually within two weeks to 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 reasons stated in writing before the closing date and time. On 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 of 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 scanned sent by e-mail <examination@slmc.gov.lk> directly to Sri Lanka Medical Council before the closing date and time for receipt of applications. The original copy of the documents sent by courier/post should reach the SLMC within one week from the closing date and bank slip or online payment details should reach the SLMC before the closing date.
- i) Any candidate who does not attend the examination could ask for a refund only under the circumstance of an illness and after submitting a medical certificate from a SLMC registered medical practitioner **within 10 working days** from the date of completion of the examination.

APPLICATIONS WILL BE ACCEPTED FROM 9.30 A.M. TO 1.00 P.M ON WEEKDAYS FROM 22nd MARCH 2023 TO 04th APRIL 2023. APPLICATIONS WILL NOT BE ACCEPTED AFTER 1.00 P.M. ON 04th APRIL 2023.

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

Telephone Nos.: 2691848/5623651/ 0716355771 Fax: 0094112674787

ERPM PART A AND PART D - PAYMENTS

The fees could be paid at any branch of the Hatton National Bank. The paying – in –slip given by the bank (yellow slip) should be attached to the application after payment.

If you are paying via online it is essential to mention below details. If those information not mention in the remittance advice your payment will be rejected.

1. NIC no
2. Mention the word “ERPM Part A and Part D – MAY 2023”

CHEQUES WILL NOT BE ACCEPTED BY THE COUNCIL

	ERPM PART A	FEES
PAPER 1	MEDICINE	Rs. 5000/-
PAPER 2	PAEDIATRICS	Rs. 5000/-
PAPER 3	SURGERY	Rs. 5000/-
PAPER 4	OBSTETRICS & GYNAECOLOGY	Rs. 5000/-
PAPER 5	PSYCHIATRY	Rs. 5000/-

	ERPM PART D	FEES
PAPER 6	COMMUNITY MEDICINE	Rs. 5000/-
PAPER 7	FORENSIC MEDICINE	Rs. 5000/-

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

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)

Please produce the original results sheets as proof of passing the components of examination at the time of handing over this document for inspection.

ERPM PART A

INDICATE THE SUBJECTS PASSED IN ERPM PART A

SUBJECTS	YEAR	MONTH	INDEX NO
MEDICINE (PAPER 1)			
PAEDIATRICS (PAPER 2)			
SURGERY (PAPER 3)			
OBSTETRICS & GYNAECOLOGY (PAPER 4)			
PSYCHIATRY (PAPER 5)			

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 6)			
FORENSIC MEDICINE (PAPER 7)			

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