



Application For Verification of Registration

Please read the instructions before filling the application

Registration Category

Details of the verification agency

Name of the verification

agency Address

Application No.

Requested verification details

Name of the applicant

Category of registration

Registration No

Email address of the applicant

Contact Telephone No

Describe the attachment/documents

For office Use			
	Date	Reg.No	Registrar's approval

Who can apply?

1. Sri Lankan Citizens who are registered under SLMC

Please note that the fees mentioned apply specifically for a single verification only.

Bank: Bank of Ceylon	Branch: Maradana	A/C No: 0000371208
Reference Code: NIC Number	Payment Category: Verif.	Personal (Own Registration documents) – RS.3500/- Foreign Verifying Agencies - USD 55 or Equivalent in Rupees at current exchange selling rate of the Bank of Ceylon

International Payment Details (USD 55)

A/C Name- Sri Lanka Medical Council	A/C No: 9999605	A/C type:Savings Account	Bank: Bank of Ceylon
Bank Code:7010	Branch:Maradana, Sri Lanka	Branch Code: 041	Swift Code:BCEYLKX

Payment Instructions.

Payment Modes

1. Direct deposit to the bank **(Green Slip should be handed over to the Reception Counter of the SLMC)**
2. Online transfers **(Online downloaded payment slip received from the bank should be attached)**
3. Paying through Cash Deposit Machine **(Original thermal slip is essential)**

You may submit an application via email: verifications@slmc.gov.lk attaching the online bank payment receipt along with the required verification documents.

If you make a direct deposit to the bank then you have to hand over the Bank payment slip to the Reception Counter of the SLMC or send it by post as the Bank payment slip is required for auditing purposes.

Important :

As the reference for the transaction, you must enter your NIC Number and the Payment Category (Ex-808590391V -veri). If those information is not included in the online slip, the payment will be rejected.

Documents

Duly furnished application	<input type="checkbox"/>	Payment Slip	<input type="checkbox"/>
Certificate issued by SLMC to the Practitioner	<input type="checkbox"/>		

Note

please follow the initial date format **(dd/mm/yyyy)**

Registrar
SRI LANKA MEDICAL COUNCIL
No. 31, Norris Canal Road, Colombo 10

Tel: +94 0717412222 / +94 11 2691848
Fax : +94 11 2674787
website: www.slmc.gov.lk

18th July 2022