



APPLICATION FOR A DUPLICATE COPY OF RENEWAL REGISTRATION CERTIFICATE (ALL CATEGORIES)

CATEGORY: *** REGISTRATION NUMBER:

FULL NAME :

ADDRESS :

GENDER : MALE /FEMALE DATE OF BIRTH:

NATIONAL IDENTITY CARD NO: CONTACT NUMBER:

.....

SIGNATURE

DATE

FOR OFFICE USE	DATE	REG NO	REGISTRAR'S APPROVAL
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INSTRUCTIONS

1. The practitioners who have lost their renewal certificate, can apply for a duplicate copy of the renewal and restoration certificate.

*** The category of the registrant should be one of these,

Medical practitioners (section 29),(ACT No.15), RMO (Section 41), Dental Practitioners (section 43), Pharmacists, Midwives, PSM and PMA categories.

2.Required Documents:

- Duly completed application.
- Payment should be made to the bank or via online banking.

Bank: Bank of Ceylon Branch: Maradana	A/C Holder: SLMC	Account No: 0000371208
Reference code: Applicant's Nic number	Amount: 1000/-	Payment category: Duplicate copy

3.Payment instructions

- Direct deposit to the bank (green slip is essential)
- Online transfers (online payment slip received from the bank)
Note: 1. Please do not pay through a cash deposit machine since the payment cannot be directly indicated to the applicant.

2. The payment without the reference will be rejected.

Registrar
Sri Lanka Medical council
No. 31, Norris Canal Road Colombo 10

Hotline:0717412222 Tel: +94 702538490 Fax: +94 11 2674787
Email; info@slmc.gov.lk /alliedhealth@slmc.gov.lk
website: www.slmc.gov.lk



Nominating a Person to Collect Documents

Only SLMC registrants having an SLMC ID card can be nominated to collect certificates and ID cards on behalf of the registrants.

Registrant's details

Category:

Registration No.:

Name:

Nominated person's details

Category:

Registration No.:

Name:

Description of documents to be collected

1.

2.

3.

I am authorizing the above-nominated person to collect the above documents on my behalf. I know Sri Lanka Medical Council will not be responsible for any loss or damage of documents after collection from SLMC.

Signature of the proposer

Date:

Signature of the nominee

Please attach the nominated person's photocopy of the SLMC ID card. No document will be issued without the SLMC ID of the nominee.

To be completed at the time of collecting documents from SLMC

I have received the undamaged documents listed above and will be handing them to the proposer as soon as possible.

Signature of the nominee

Date

Initials of the SLMC staff

Instructions

- The Sri Lanka Medical Council advises the registrants to collect their documents from the SLMC Office.
- Under exceptional circumstances, the registrants may nominate an SLMC registered person to collect their documents on their behalf by furnishing this nomination form.
- The SLMC is not responsible for lost or damaged documents once dispatched or handed over.
- The SLMC will not replace lost or damaged documents.
- The SLMC would issue duplicates or extracts of lost or damaged documents, whichever is applicable.

Registrar

Sri Lanka Medical Council
31 Norris Canal Road
Colombo 10
Website: www.slmc.gov.lk
Email: Info@slmc.gov.lk
Telephone: +94112691848
Fax: +94112674787