



APPLICATION NO (office use) :

RECEIVED DATE(office use) :

APPLICATION FOR ADDITIONAL QUALIFICATION
SRI LANKA MEDICAL COUNCIL

- ***ALL SECTIONS TO BE COMPLETED BY THE APPLICANT & EMAILED OR UPLOADED TO THE ONLINE APPLICATION PORTAL***
- ***A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH QUALIFICATION FOR WHICH APPROVAL IS REQUESTED***

LOCAL QUALIFICATION		FOREIGN QUALIFICATION		COUNTRY		REGISTRATION NUMBER	
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1] PERSONAL INFORMATION

I.	Full Name as written on the Registration Certificate (Underline the surname):	
II.	Surname With Initials:	
III.	Maiden Name (for females only):	
IV.	Present Qualifications:	
V.	Registration Number:	
VI.	Year of First Registration:	
VII.	Is the Registration Active (Yes/No):	
VIII.	Is Registered in the Specialist Register (Yes/No) If "Yes" the number:	
IX.	Details of Present Employment (Designation & Institution):	
X.	Gender: Male/Female	
XI.	DOB (DATE/MM/YYYY): -	
XII.	NIC:	
XIII.	Passport No:	
XIV.	Address (House No.):	
XV.	Address (Street):	

XVI.	Address (City):	
XVII.	Contact No. (Residence) :	
XVIII.	Contact No. (Mobile) :	
XIX.	Private E-mail Address:	

2] DETAILS OF THE ADDITIONAL QUALIFICATION REQUESTED

I.	Full Name of the Qualification:	
II.	Abbreviation:	
III.	The SLQF level (1-12) as per UGC SLQF Manual 2105	
IV.	Date/Month/Year of award:	
V.	Type of Course (Part-time / Full-time):	
VI.	Mode of delivery (Physical/Online/Hybrid with practical or skills onsite/ Hybrid with practical or skills online):	
VII.	Date of enrollment in the course:	
VIII.	Date of commencement of the course:	
IX.	Date of completion of the course:	
X.	Total duration of the course (Months):	
XI.	Course Part-Time or Full-Time	
XII.	Delivery mode of course: (Physical / Online / Hybrid with practical online / Hybrid with practical onsite)	
XIII.	Was qualification awarded following an end course examination-Summative (Yes/No):	
XIV.	Mode of Examination: (Physical / Online / Hybrid with practical online / Hybrid with practicals onsite)	
XV.	Official leave taken to complete the course (Yes/No)	
XVI.	If yes duration (months):	
XVII.	Is the qualification (Fellowship) awarded by an exception due to another qualification (Yes/No):	
XVIII.	If yes what is the other qualification a) membership following a course and examination such as MRCP etc. OR	

b) MD certificate of PGIM with registration in the “Specialist Registration” of SLMC):	
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3] DEPARTURE AND ARRIVAL DETAILS (IF RELEVANT ONLY)

I. Details of leaving Sri Lanka to commence the course of the additional qualification (DD/MM/YYYY) :	
II. Details of arrival in Sri Lanka following completion of final examination of the course (DD/MM/YYYY):	

4] UNIVERSITY/ INSTITUTE/ PROFESSIONAL COLLEGE/SOCIETY DETAILS

I. Name of University /Institute/ Professional College/Society the course was conducted, and qualification awarded:	
II. Country:	
III. Postal Address	
IV. : Email Address:	
V. Phone Number:	
VI. Fax Number:	
VII. Website (URL):	
VIII. Is the University recognized by an Accreditation Agency such as GMC, AMC, ECFMG, UGC, etc. (Yes/No):	
IX. If yes, the name of the agency:	

7] NATIONAL ACCREDITATION BODY DETAILS [Relevant/Not Relevant]. If relevant complete the following]

I. Name of the Accreditation Body which accredited the qualification:	
II. Country:	
III. Name of College/Society in which the course was conducted if any:	
IV. Is the Accreditation Body (PGIM, European Board, etc.) recognized by an Accreditation Agency such as GMC, AMC, ECFMG, UGC, etc. (Yes/No):	
V. If yes name, the agency:	
VI. Country:	
VII. Postal Address:	

VIII. Email Address:	
IX. Phone Number:	
X. Fax Number:	
XI. Web site (URL):	

8] ATTACHE SCANNED COPIES OF FOLLOWING

(To facilitate the process and avoid inconvenience to the applicant)

I. Degree/Fellowship/Specialist certificate: Yes/No	
II. National Identity Card-NIC: Yes/No	
III. The Prospectus/Curriculum (summary) with details of course content, learning hours, teaching methods, details of examinations etc.: Yes/No	
IV. Bank cash deposit slip: Yes/No (Attach on the online portal)	
V. Relevant Page of Passport if no NIC : Yes/No	

Declaration

I do hereby declare that the particulars stated above are true and correct and having understood the contents hereof I understand and agree that any false and /or misleading submission furnished by me would be liable to disqualification and cancellation of my requested additional qualification approval and that I may be liable for disciplinary action.

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Signature of Applicant

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Date

INSTRUCTIONS and GUIDANCE TO APPLICANTS

- The Sri Lanka Medical Council advises the applicants to hand over the application to the SLMC Office/send it by Registered post or emailed (Scanned documents)
- The applicants should download them from the website
- **Please make a separate application for each requested additional qualification**
- Include a certified photocopy of the original degree/fellowship/specialist certificate (For qualifications from PGIM of the University of Colombo a letter from the Director certifying that the applicant is eligible to receive the degree certificate may be acceptable)
- Include a certified photocopy of the National Identity Card
- The fee for the registration of each qualification is Rs. 10,000.00 which is nonrefundable
- Include the original Bank Cash Deposit Slip duly certified by the bank (Green Slip)
- The Bank details; Bank of Ceylon, Maradana Branch, A/C No. 0000371208 of Sri Lanka Medical Council)
- **The incomplete applications and/or non-inclusion of requested copies above may be subjected to rejection and the applicant informed OR may be informed by email and requested to rectify the deficiency**
- As a policy the SLMC verifies the submitted qualifications, information, and documents. Hence please provide accurate details and the correct contact details of the organization that awarded the qualification
- A letter certifying registration of your qualification/s will be sent to you by Registered Post (A specific date for this cannot be guaranteed)

Registrar

Sri Lanka Medical Council

31 Norris Canal Road

Colombo 10

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