



Application for Full Registration under Section 43 (Dentist)

Passport
size recent
color
photograph

Please read the information on the 2nd page and fill the application in capital letters

NIC No.

Full Name exactly as in the Degree Certificate

Name with Initials

Gender ☐ Male ☐ Female

Date Of Birth

Address

Other information

Mobile Telephone No.

Home Telephone No.

Email address

Citizenship

Passport Number

Degree Certificate

Name of the Degree

Standard Abbreviation

☐ BDS

Other

Degree awarding Institution

Date of the degree award

Foreign Degree Approval No.

(Only for Foreign Graduates who
completed the ERPDS)

☐ ERPDS

Date of Completion

Provisional Reg. No.

Date of completion of internship

☐ I am Sri Lankan citizen. I certify that I have provided correct
Information and bears good moral character and not involved
in any criminal activity.

Signature

Date

Signature, Date and Stamp (seal)
of Justice of Peace or Commissioner
of Oath attesting the application

For office use

Date

Reg.No

Registrar's approval

Instructions for Dental full Registration

Who can apply ?

1. Sri Lankan citizens with SLMC provisional registration and
2. Successful completion of internship or internship exemption letter issued by the SLMC and
3. Person of a good character

Payment made to the bank/ Online / ATM

Bank: Bank of Ceylon	Branch : Maradana (Branch Code 41)	A/C No: 0000371208
Reference Code : NIC Number	Payment category: FR	Rs.10,500/- (Non Refundable)

Payment Instructions

Payment Modes

1. Direct deposit to the bank (original payment receipt - green slip)
2. Online transfers (online Payment receipt - PDF received from the bank)
3. ATM Cash Deposit Machine (original thermal receipt with a photocopy)

Important :

You must enter your **NIC Number and the Payment Category (Ex: 808590391V-FR Dental)** as the transaction's reference. The payment will be rejected, if these information are not included in the receipt.

Documents for submission in person to SLMC office

Duly furnished application	<input type="checkbox"/>	Payment receipt	<input type="checkbox"/>
National Identity card + photocopy (both sides)	<input type="checkbox"/>	Degree certificate + photocopy	<input type="checkbox"/>
Birth Certificate + photocopy (both sides)	<input type="checkbox"/>	01 recent color photograph passport size	<input type="checkbox"/>
Internship Certificate(Certificate of Experience)	<input type="checkbox"/>	ID Application 02 copies with 02 stamp	<input type="checkbox"/>
Certificate of Good character(Affidavit B)	<input type="checkbox"/>	size photographs (taken within 06 months)	<input type="checkbox"/>

General information

Submit duly furnished application and all required document via online as soon as you complete your internship appointment.

You will be given an appointment to be present in person with the original documents at the SLMC for verification.

Please bring the necessary not certified photocopies of your original document

Your name on the degree certificate will be the name of the registration

The certificate of registration will be issued only after the Administration of Oath. The details about the Oath ceremony would be notified on the SLMC website.

* Photographs taken within the last 06 months

Documents to be submitted online via www.slmc.gov.lk

NOTE

Any alteration of dates in the internship certificate will not be accepted by the SLMC.

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

Hotline: 0717412222
Fax: +94 11 2674787
Email: reg.dentist@slmc.gov.lk
Website: www.slmc.gov.lk

B

AFFIDAVIT

I, (Name⁽¹⁾.....)(ID Number.....)
of⁽²⁾.....

being a ⁽³⁾Buddhist/Christian/Roman Catholic/Hindu/Muslim do hereby solemnly and sincerely declare and affirm/do hereby swear and make an oath that;

(1) I am the declarant/deponent above named.

(2) I state that I am a Sri Lankan citizen and registrant of the Sri Lanka Medical Council (SLMC) registered as a⁽⁴⁾

(3) I state that my SLMC Registration No. is

(4) I state that I have never been convicted of any crime or any offense in Sri Lanka or any other country.

(5) I state that I have not been charged with any criminal offense and/or instituted pending litigation against me by any Court of Law or any other legal entity situated within or outside the jurisdiction of Sri Lanka, nor am I aware of any investigation into my affairs that has the potential to lead to such charges.

(6) I further state that I have not been acquitted of an offense on the grounds of unsoundness of mind or insanity.

(7) I state that I have not settled any criminal charge/charges leveled against me entering into terms of settlement and/or paying compensation to the aggrieved party.

(8) I state that there is no pending investigation and/or Inquiry into my professional conduct by the SLMC or any licensing, regulatory or other body.

(9) I further state that I have not been subjected to any investigation into my professional conduct with respect to my current or previous employment, where I have been found guilty.

(10) I understand that I am fully responsible for the contents of this declaration and its truthfulness.

(11) I state that I am of good health condition and there is no current health issue likely to impact my performance, health, and safety or the health and safety of others.

(12) I understand and hereby agree that any incorrect and/or misleading information provided may result in violation of the Medical Ordinance No. 26 of 1927.

The declarant/deponent having read over and understood the contents therein placed the signature on thisDay of 202... at
.....

(5)

Before me

(6)

Justice of Peace/Commissioner for Oaths ⁽⁷⁾

(1) Name as in the SLMC registry

(2) Address of the declarant

(3) Mark across (~~not~~) if not applicable.

(4) Registration Category

(5) Signature of the declarant on Rs. 50 stamp

(6) Signature of person before whom the declaration is made, Commissioner of the oath, Justice of Peace.

(7) Name and title of the person before whom the declaration is made.