



# Application for Registration as Professional Supplementary to Medicine

Certified Color  
photograph  
Passport Size

Please read the instruction before filling the application

NIC No  Category

Full Name

Name with Initials

Gender

Male

Female

Date of Birth

### Address

### Other information

House No.

Mobile Telephone No.

Street

Home Telephone No.

City 1

Email address

City 2

Citizenship

Province

Passport No

Do you have any other registration with the SLMC ?  Yes  No

If yes, Registration No

Category

### Declaration

I am the person named \*  
in the certificate of proficiency as a

\*\* issued by the college council now produce and shown to me and marked A. Further, I declare that I have provided correct information and bear good moral character and not involved in any criminal activity and no legal cases pending or concluded against me.

Declared before me this  day of

Seal

Signature of the applicant

Signature of the Justice of the peace or  
Commission for Oath

### Certification by the Ceylon Medical college Council

I certify that a Certificate of Proficiency has been issued by the CMCC

Registrar CMCC Signature

Seal

For office Use

Date

Reg.No

Registrar's approval

## Instructions

### Who can apply?

1. A person of good character
2. Only those who hold a Certificate of Proficiency from the Ceylon Medical College Council

### Fees paid to the bank or via online

Bank: Bank of Ceylon	Branch: Maradana(Branch Code 41)	A/C No: 0000371208
Reference Code: NIC Number	Payment Category :PSM	Fee:4400/-

### Payment Instructions.

#### Payment Modes

1. Direct deposit to the bank(**Green Slip is essential**)
2. Online transfers(**Online Payment slip received from the bank**)
3. Paying through Cash Deposit Machine(**Original thermal slip is essential**)

#### Important :

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

### Documents

Duly completed application (attested by CMCC and JP )	<input type="checkbox"/>	One (1) color photograph (certified by JP) (Passport Size)	<input type="checkbox"/>
The original certificate of proficiency issued by CMCC and photocopy(A4 Size)	<input type="checkbox"/>	Two (2) color photographs (Passport Size)	<input type="checkbox"/>
Duly completed SLMC ID card application signed by the applicant	<input type="checkbox"/>	NIC original and a photocopy	<input type="checkbox"/>
Affidavit	<input type="checkbox"/>	Payment Slip	<input type="checkbox"/>

#### Note

\* In the declaration please type your name as in the Ceylon Medical College Council Certificate

\*\* The Profession stated in the Ceylon Medical College certificate please follow the initial

**The Registration Certificate and the SLMC ID card will be issued only on Mondays.**

date format (dd/mm/yyyy)

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

Hotline:0717412222  
Tel: +94 11 2691848  
Fax: +94 11 2691848  
Fax : +94 11 2674787  
Email ; [info@slmc.gov.lk](mailto:info@slmc.gov.lk)  
website: [www.slmc.gov.lk](http://www.slmc.gov.lk)





# A

## AFFIDAVIT

I, (Name<sup>(1)</sup>.....)(IDNumber.....)  
of<sup>(2)</sup>.....

being a <sup>(3)</sup> 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.
- (3) I state that I have never been convicted of any crime or any offence in Sri Lanka or any other country.
- (4) I state that I have not been charged with any criminal offence 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.
- (5) I further state that I have not been acquitted of an offence on the grounds of unsoundness of mind or insanity.
- (6) I state that I have not settled any criminal charge/charges levelled against me entering into terms of settlement and/or paying compensation to the aggrieved party.
- (7) 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.
- (8) I understand that I am fully responsible for the contents of this declaration and its truthfulness.
- (9) 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.

**(10) 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 this .....Day of ..... 202... at .....

(5) .....

Before me

(6) .....

Justice of Peace/Commissioner for Oaths <sup>(7)</sup>

- (1) Name which should be in the SLMC registry
- (2) Address of the declarant
- (3) Mark across (~~not~~) if not applicable.
- (4) Registration Category
- (5) Signature of the decrant on Rs. 50 stamp
- (6) Signature of person before whom the declaration is made, Commissioner of the oath, Justice of Peace.
- (7) Name, title and the seal of the person before whom the declaration is made.