



## APPLICATION FOR PROVISIONAL REGISTRATION DENTAL GRADUATES

FOR OFFICE USE ONLY

Prov. Reg. No. ....

Date of Issue: .....

.....

Registrar's approval

Please Paste  
one (01)  
coloured  
Stamp Size  
photograph

Before you complete this application please read the information on the 2<sup>nd</sup> page

**PLEASE WRITE CLEARLY IN CAPITAL LETTERS**

Full Name (exactly as in the Degree Certificate)


Name with initials

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Gender: **MALE/FEMALE** Date of Birth:

dd/mm/yyyy

NIC No.

--

Address:

.....
.....
.....
.....

Mobile Telephone No. ....

Residence Telephone No. ....

Email: .....

Citizenship: **SRI LANKAN / DUAL**

Passport No. ....

Name of the Degree (BDS / OTHER) : .....

Degree awarding institution: .....

Degree effective date (dd/mm/yyyy): .....

Date of ERPDS completion certificate (dd/mm/yyyy): .....

I am a Sri Lanka Citizen. I certify that I have provided correct information and bears good moral character and not involved in any criminal activity.

.....  
Applicant's Signature

.....  
Date (dd/mm/yyyy)

## Instructions for Dental Registrations (PR)

### Who can apply?

1. Sri Lankan Citizen
2. Graduates of Sri Lankan Dental Faculties
3. Foreign qualified Dental graduates, who have completed the ERPDS
4. Person of a good character

### Fees paid to the bank or via online

Account Holder's name & address:	Sri Lanka Medical Council	No.31, Norris Canal Road, Colombo 10
Bank: <b>Bank of Ceylon</b>	Branch: <b>Maradana</b>	A/C No: <b>0000371208</b>
Reference Code: <b>NIC Number</b>	Payment category: <b>PR Dental</b>	Payment: <b>7000/-</b>

### Documents

Duly completed application	<input type="checkbox"/>	Original payment receipt	<input type="checkbox"/>
ERPDS completion certificate	<input type="checkbox"/>	National Identity card	<input type="checkbox"/>
Coloured photographs (02 stamp-sized)	<input type="checkbox"/>	Affidavit A	<input type="checkbox"/>

### General Information

#### Payment Modes

1. Direct deposit to the bank (original payment receipt)
2. Online transfers (online pdf payment receipt)
3. ATM Machine (original thermal slip along with a photocopy)

As the reference for the transaction, you must enter your NIC Number and the Payment Category (Ex: 0000000123V-PR DENTAL). If the information is not included, the payment receipt will not be accepted.

#### Submitting your application

- The application is in fillable format (typed applications are preferred)
- Scan all the documents including the signed application (all copies must be clear and readable. You must send us both sides of the documents, if there is any information on the reverse. NIC both sides in one A4 page)
- Upload the documents via the SLMC website's online portal (<https://slmc.gov.lk>)
- After the online submission, **based on the time and date of the online slot**, you have to be present at the SLMC office to submit the original documents and photocopies for verification

**Note:** All dates must be written in the format DD/MM/YYYY

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

Hotline: 0717412222  
Dental Reg. Unit: 070-2538494  
[Email: reg.dentist@slmc.gov.lk](mailto:reg.dentist@slmc.gov.lk)  
website: [www.slmc.gov.lk](http://www.slmc.gov.lk)