

## **SRI LANKA MEDICAL COUNCIL**

### **AP EXTRACT**

#### **APPLICATION FOR AN EXTRACT OF INDENTURE REGISTRATION AS AN APPRENTICE PHARMACIST**

FULL NAME OF APPLICANT: .....

ADDRESS: .....

NATIONAL IDENTITY CARD NO: .....

INDENTURE REGISTRATION NO: .....

DATE OF REGISTRATION: .....

NAME OF PHARMACIST UNDER  
WHOM YOU REGISTERED: .....

PHARMACIST REGISTRATION NO: .....

CONTACT TELEPHONE NO: .....

EMAIL ADDRESS: .....

.....  
DATE

.....  
SIGNATURE

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### **INSTRUCTION**

Please Follow the below instructions:

- The above application duly completed and signed by the applicant.
- The fee for **“Extract of Indenture -AP** is **RS 880/=** ,which should be credited to the Account of the **Sri Lanka Medical Council A/C No 0000371208 (Bank of Ceylon ,Maradana Branch)**
- Please ensure that your **NIC and relevant payment category (APX)** were entered by the Banking officer for future clarifications.
- The Bank Credit Slip (Green) should be attached with the application.
- Please apply within two weeks after making the payment

**Registrar**  
**SRI LANKA MEDICAL COUNCIL**  
**31.Norris Canal Road**  
**Colombo 10**

**Telephone: 0716355742**  
**Email : ap@slmc.gov.lk**