



## Application for Pharmacist

Please read the instruction before filling the application

NIC No

Colour photograph  
Passport Size

Name as in the CMCC certificate

Name with Initials

Gender ☐ Male ☐ Female

Date of Birth

### Address


### Other information

Mobile Telephone No.

Home Telephone No.

Email address

Citizenship

Passport No

Have you ever Registered in the SLMC ☐ Yes ☐ No

If Yes, Registration Category

Reg No:

### Declaration

☐ I am the person named  in the certificate of efficiency as a Pharmacist issued by the college council/University now produce and shown to me. Further I declare that I have provided correct information and bears good moral character and not involved in any criminal activity and no legal cases are pending or concluded against me.

Signature of the applicant

Dated this  day of  declared before me this

Seal of JP/Commissioner for Oath

Signature of the Justice of the Peace or Commissioner for Oath

### Certification by the Ceylon Medical College Council

☐ I certify that a Certificate of Proficiency /Efficiency has been issued by the CMCC not applicable to those who obtained

Signature

Seal

For office Use

Date

Reg.No

Registrar's approval

## Instructions for Pharmacists Registrations

### Who can apply?

1. Sri Lankan Citizen
2. person of good character
3. Holds a certificate of proficiency/Efficiency as a pharmacist issued by the College Council; or  
(b) holds a certificate of proficiency/Efficiency in pharmacist issued by the

### 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: pharmacist	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 -PH).  
If those information is not included in the online slip, the payment will be rejected.

### Documents

Duly completed application (attested by CMCC and JP)(Not applicable for B.Sc in Pharmacy)	<input type="checkbox"/>	One (1) color photograph (certified by JP) (Passport Size)	<input type="checkbox"/>
The original certificate of proficiency/Efficiency as pharmacist issued by CMCC or Degree Certificate (Original and Photocopy)(A4 Size)	<input type="checkbox"/>	Two (2) color photographs (Passport Size)	<input type="checkbox"/>
NIC original/Photocopy	<input type="checkbox"/>	Affidavit A	<input type="checkbox"/>
Duly completed SLMCID card application signed by the applicant.	<input type="checkbox"/>	Payment Slip	<input type="checkbox"/>

### Note

- Fill the ID application

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

please follow the initial 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)



## PLEASE FILL IN BLOCK CAPITALS (use 01 cage for comma or dot.)

PHOTO  
(PASSPORT SIZE)

INITIALS AND LAST NAME:

[illegible]

SLMC NO:

--

ADDRESS:

[illegible]

NIC NO:

[illegible]

SIGNATURE:

--

DATE:

--

CONTACT NO:

--



## PLEASE FILL IN BLOCK CAPITALS (use 01 cage for comma or dot.)

PHOTO  
(PASSPORT SIZE)

INITIALS AND LAST NAME:

[illegible]

SLMC NO:

--

ADDRESS:

[illegible]

NIC NO:

[illegible]

SIGNATURE:

--

DATE:

--

CONTACT NO:

--

# A

## AFFIDAVIT

I, (Name<sup>(1)</sup> .....)(ID Number .....)  
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 declarant 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.