

**APPLICATION FOR REQUESTING RE-ISSUE OF FULL REGISTRATION
CERTIFICATE**

(This application is for re-issue of the Full registration certificate issued to individuals who had a typographical error on their certificate, specifically the wording on the certificate, where the word "MEDICINE" in the 5th line of the certificate required to be corrected as "MEDICINE and SURGERY")

FULL NAME: (According to SLMC Registration Certificate)

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.....

ADDRESS: (According to SLMC Registration Certificate)

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REGISTRATION NO:

DATE OF REGISTRATION:

NIC NO:

CONTACT TELEPHONE NO:

EMAIL ADDRESS :

.....

DATE

.....

SIGNATURE

Date	Certificate No.	Registrar's Approval
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INSTRUCTIONS

1. The above application duly completed and signed by the applicant.
2. **Please attach a photocopy of your registration certificate with this application**
3. Please note that after receiving the application. The SLMC will prepare a new certificate.
The **existing certificate should be returned to SLMC when you obtain a new certificate.**

20.10.2023

-/sss