



Application for a Certified Extract of Registration

Please read the instruction before filling the application

Reg. Category

NIC No

Full Name as in the SLMC Registers

Address		Other Information	
House No.	<input type="text"/>	Home	<input type="text"/>
Street	<input type="text"/>	Mobile	<input type="text"/>
City 1	<input type="text"/>	Office	<input type="text"/>
City 2	<input type="text"/>	Email	<input type="text"/>
Province	<input type="text"/>	Passport No	<input type="text"/>

Registration Information

Registration No

Reason

Date of Registration

☐ I Certify that I have provided correct information /documents.

Signature

Date

For Office use			
	Date	Cert.No	Registrar's approval

Instructions for Application of a Certified Extract of registration

Who can apply?

- 1) Sri lankan citizen registered with SLMC

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: CE	Fee:RS 5280/-

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 -C/E).
If those information is not included in the online slip, the payment will be rejected.

Documents

Duly completed application	<input type="checkbox"/>	Bank Slip	<input type="checkbox"/>
JP Certified Photograph	<input type="checkbox"/>	Affidavit	<input type="checkbox"/>
Police Report	<input type="checkbox"/>		

General Information

The certificate will be ready within One [1] week from the date the application has been handed over to the SLMC

Note

Please follow the date format [dd/mm/yyyy](#)

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

Tel : +94 11 2691848
Fax:942674787
Email: info@slmc.gov.lk
website : www.slmc.gov.lk



Nominating a Person to Collect Documents

Only SLMC registrants having an SLMC ID card can be nominated to collect certificates and ID cards on behalf of the registrants.

Registrant's details

Category:

Registration No.:

Name:

Nominated person's details

Category:

Registration No.:

Name:

Description of documents to be collected

1.

2.

3.

I am authorizing the above-nominated person to collect the above documents on my behalf. I know Sri Lanka Medical Council will not be responsible for any loss or damage of documents after collection from SLMC.

Signature of the proposer

Date:

Signature of the nominee

Please attach the nominated person's photocopy of the SLMC ID card. No document will be issued without the SLMC ID of the nominee.

To be completed at the time of collecting documents from SLMC

I have received the undamaged documents listed above and will be handing them to the proposer as soon as possible.

Signature of the nominee

Date

Initials of the SLMC staff

Instructions

- The Sri Lanka Medical Council advises the registrants to collect their documents from the SLMC Office.
- Under exceptional circumstances, the registrants may nominate an SLMC registered person to collect their documents on their behalf by furnishing this nomination form.
- The SLMC is not responsible for lost or damaged documents once dispatched or handed over.
- The SLMC will not replace lost or damaged documents.
- The SLMC would issue duplicates or extracts of lost or damaged documents, whichever is applicable.

Registrar

Sri Lanka Medical Council
31 Norris Canal Road
Colombo 10
Website: www.slmc.gov.lk
Email: Info@slmc.gov.lk
Telephone: +94112691848
Fax: +94112674787