

SRI LANKA MEDICAL COUNCIL
No. 31, NORRIS CANAL ROAD, COLOMBO 10.

Dr.
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Dear Doctor,

REGISTRATION UNDER SECTION 29 OF THE MEDICAL ORDINANCE

The Sri Lanka Medical Council at its 488th meeting held on 20 November 2009 decided to call for applications from persons eligible to be registered under Section 29 of the Medical Ordinance as amended by Act No. 25 of 1988. This amendment was brought to our notice very recently.

The criteria for registration are as follows:

- (a) "is a citizen of Sri Lanka;
- (b) hold a degree of Bachelor of Medicine or an equivalent qualification of any university or medical school of any country outside Sri Lanka, which, on the date on which such person was admitted to such university or medical school, was a degree or qualification which entitled its holder to be registered as a medical practitioner under this Ordinance;
- (c) has had an aggregate period of at least five years of efficient and satisfactory service, in the capacity of a medical officer; and
- (d) holds a certificate granted by the Medical Council under Section 32."

You should submit the completed **Application Form** with the following documents:

- (1) To prove your citizenship, a photocopy of both sides of your National Identity Card, the relevant page of your passport or any other document acceptable to the Council.
- (2) The original degree certificate issued by your university or medical school (which will be returned after inspection) and a photocopy of the same. If it is written in a language other than Sinhala, Tamil or English, you should submit an official or sworn translation of the degree certificate.
- (3) A certificate from the **Director General of Health Services** that you have an aggregate period of at least five years of efficient and satisfactory service in the capacity of a medical officer.
- (4) A certificate granted by the Medical Council under Section 32 of the Medical Ordinance (Internship Certificate).
- (5) The fee for 'Registration under section 29' is Rs. **10500/-** which should be credited to the Account of the Sri Lanka Medical Council A/C No 0000371208 (Bank of Ceylon, Maradana Branch). Please ensure whether your NIC No and relevant payment category (R 29) were entered by the Banking Officer for future clarifications. The Bank Credit Slip (Green) should be attached with the application.

196
Nov. 2009

SRI LANKA MEDICAL COUNCIL

**APPLICATION FOR REGISTRATION AS MEDICAL PRACTITIONER UNDER SECTION
29 OF THE MEDICAL ORDINANCE AS AMENDED BY ACT NO.25 OF 1988**

OFFICE USE ONLY

REG. NO:.....

PLEASE FILL THE FORM IN BLOCK CAPITAL LETTERS

FULL NAME :

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MAIDEN NAME :

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(Name before Marriage – Females only)

ADDRESS :

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DEGREE OBTAINED :

NAME OF UNIVERSITY / DENTAL FACULTY :

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N.I.C No : DATE OF BIRTH :

GENDER: MALE/FEMALE SEC 31 REGISTRATION NO :

CONTACT TELEPHONE NO : (Residence) MOBILE NO :

E-MAIL ADDRESS :

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DATE

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SIGNATURE OF APPLICANT

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Signature & Stamp (Seal) of Justice of Peace (J.P.) or Commissioner of Oaths

Character Certificate

**[To be submitted to the Sri Lanka Medical Council for the purpose of registration as a Medical/
Dental Practitioner by the Medical Ordinance Chapter 105 as required under section 29(1)(a)]**

I,
(Full name of person certifying)

of (ADDRESS) :
.....

Certify that (Full name of applicant) :
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is known to me personally and I am aware that he/she is seeking Full Registration as
Medical/Dental Practitioner with the Sri Lanka Medical Council.

I certify that he / she is of Good Character.

Date :
.....
Signature

(Rubber Stamp / Seal) Designation :
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