



PMA

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

CATEGORY

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INITIALS AND LAST NAME:

[illegible]

SLMC NO:

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ADDRESS:

[illegible]

NIC NO:

[illegible]

SIGNATURE:

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DATE:

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CONTACT NO:

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PHOTO
(PASSPORT SIZE)

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Instructions for Application of SLMC ID card

Who can apply?

- 1) Existing registrants who have lost or damaged their SLMC ID card
- 2) Registrants who have changed their personal information

Fees paid to the Bank or via online

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|----------------------------|----------------------|--------------------|
| Bank : Bank Of Ceylon | Branch: Maradana | A/C No: 0000371208 |
| Reference Code: NIC Number | Payment Category: ID | Fee:RS 760 |

Documents

| | | | |
|--|--------------------------|---|--------------------------|
| Duly Furnished Application | <input type="checkbox"/> | Current ID(When the old ID is damaged) | <input type="checkbox"/> |
| Two Recent Photographs (Color , Passport Size,600dpi) | <input type="checkbox"/> | Evidence of change of personal information in SLMC | <input type="checkbox"/> |
| Police Report(If the old ID is lost) | <input type="checkbox"/> | Payment Slip | <input type="checkbox"/> |

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