



**PSM**

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

## CATEGORY

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)



# PSM

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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

|                            |                      |                    |
|----------------------------|----------------------|--------------------|
| 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<br>(Color , Passport Size,600dpi) | <input type="checkbox"/> | Evidence of change of personal<br>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  
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