

Application for a ERPM Registration Card (Duplicate Copy)

1. Full Name:

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(Complete in Block letters)

2. Address:

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3. NIC No: Passport No:.....

4. Date of Degree Approval: ERPM Reg. No:

5. Contact Number:

6. Reason to apply for a duplicate copy of the ERPM Registration Card:

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- If misplacement of the Registration Card, please forward a copy of the Police Entry Report
- Please forward a copy of the ERPM Registration Card. (If only available)
- Please forward a stamp size photograph, copy of the NIC, copy of the Passport 1st Page (with details)
- The payment for **Rs: 350/-** should be made to the **Sri Lanka Medical Council Account No:0000371208** through any branch of BANK OF CEYLON and Bank Credit Slip (Green slip) should be attached to the application.