

SRI LANKA MEDICAL COUNCIL

Application to obtain copies of Results Sheets of Previous

ERPM Parts A, B, C, D

NAME:

ERPM Registration No: NIC No:

Postal Address:.....

Telephone/Mobile No:

Reason to request for copies of results sheets of previous ERPM attempts:
.....

Fees: Rs. 1320/- per Part A, B, C, D per attempt:

Examination results requested (enter each subject/Track (Part C) separately.

ERPM Part	Subject (Parts A,B,D)/ Track (Part C)	Year and Month	Index No:	Rs:	Signature
Total Fees :					

(Note: Use additional paper if required)

.....
Signature of candidate

.....
Date

Approval of Head, Examination Unit:

Approved/Not Approved

Date :.....

See reverse of this application for instructions

INSTRUCTIONS

PLEASE FORWARD THE FOLLOWING:

1. The application to be completed and signed only by the applicant.
2. The attached bank paying –in-slip duly certified by the bank.

Payment should be made to the Sri Lanka Medical Council
A/C No. 003010153598 at any branch of the Hatton National Bank in
the Island at the rate of Rs. 1,320/= for each Part A,B,C,D per attempt.

PAYMENT BY CASH ONLY

SRI LANKA MEDICAL COUNCIL
31, Norris Canal Road, Colombo 10.

Hatton National Bank, Branch:

Please Credit to A/C No. 003010153598, Sri Lanka Medical Council,
Hatton National Bank, Darley Road Branch, Colombo 10.

Name of Applicant (IN BLOCK LETTERS)

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Address:

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On account of the ERPM (PARTS A, B, C, D)

SUBJECTS (Parts A,B)	SUBJECTS(Parts A,B,D) /TRACK (Part C)	Sig.	RUPEE
	MEDICINE AND PSYCHIATRY		1320/-
	PAEDIATRICS AND PSYCHIATRY		
	SURGERY		
	OBSTETRICS AND GYNAECOLOGY		
SUBJECTS (Part D)	COMMUNITY MEDICINE		1320/-
	FORENSIC MEDICINE		
TRACK (Part C)	MEDICAL TRACK (Med. & Paeds)		1320/-
	SURGICAL TRACK (Surg. & Obst./Gyne.)		
OPTIONS (1) or (2)	COMMUNITY MEDICINE		1320/-
	FORENSIC MEDICINE		1320/-
	TOTAL		

.....
Signature of Applicant

Received the above amount for credit to Sri Lanka Medical Council, A/C No.
003010153598 Hatton National Bank, Darley Road Branch, Colombo 10.

Hatton National Bank Seal

