

**Application for termination/suspension of Provisional
Registration under section 32**

Provisional registration No.

NIC No.:

Name of applicant:

Internship training Institution:

Date of commencement of the Internship:

Duration of completed Internship:

Months

Days

Expected date of termination or suspension:

Period of suspension:

Reason for termination or suspension:

Medical : ☐

Other :

Medical recommendations :

Please elaborate the other reasons

Have you been reported to the employer on adverse incidents?

Yes

☐

No

☐

Recommendation and remarks of the supervising Consultant:

Recommendation of the Head of the Institution:

☐ I certify that I haveprovided the correct
information. I am handing
over my SLMC Identity card
back to the SLMC.

Signature of applicant

Date

For Official use

Registrar's Observations

Internship Com. observations

SLMC decision

Instructions for termination/suspension of Provisional Registration

Who can apply?

Medical practitioners/Dentists provisionally registered under section 32 of the Medical Ordinance who wish to terminate or suspend the Internship before completion.

Circumstances under which the applications can be made

When medical or other matters prevent the continuation of the Internship.

Evidence required by the SLMC

Medical recommendation or a certificate, if applicable

Letter of explanation for termination or suspension

Documents to be presented with the application

- | | | |
|------------------------------------|--------------------------|--|
| Duly completed application | <input type="checkbox"/> | Please follow the date format dd/mm/yyyy |
| Reasons for termination/suspension | <input type="checkbox"/> | |
| Medical certificate | <input type="checkbox"/> | |

Documents can be sent to the SLMC via email internship@slmc.gov.lk or by registered post addressed to the Registrar SLMC.

Payment Instructions.

1. Direct deposit to the bank (Green Slip is essential)
2. Online transfers (Online Payment slip received from the bank)
3. Paying through Cash Deposit Machine (Original thermal slip is essential)

Important:

As the reference for the transaction, you must enter your NIC Number.

Bank: Bank of Ceylon	Branch: Maradana (Branch code 41)	A/C Number: 0000371208
Reference Code: NIC Number	Payment category: C/I	Fee: 3300.00

Registrar
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