



Application for Change of Information

Please read the instruction before filling the application

Reg Category

Reg No NIC No

Color Photograph
Passport size

Information Registered with SLMC

Full Name

Name with Initials

Address

House No.

Street

City 1

City 2

Province

Other information

Mobile No.

Home No.

Email address

Citizenship

Passport

Required change

(please fill up what is relevant)

Registered Name with SLMC

Name to be Change

New Address to be Entered

House No.

Street

City 1

City 2

Province

New NIC Number to be Entered

Old NIC Number

New NIC Number

Passport Number

Citizenship

☐ I have provided correct information/documents

Signature

Date

For Office use

Date

Reg.No

Registrar's approval

Instructions for Change of Information

Who can apply?

All SLMC Registrants (Sri Lankan Citizens/ Dual Citizens)

What you can change

Name change or (Rs.2500)

Change of address or (free)

Change of National Identity Card(free)

Fees paid to the Bank or Via online

Bank: Bank of Ceylon	Branch: Maradana (Branch code 41)	A/C Number: 0000371208
Reference Code: NIC Number	Payment category : C/I	Fee: 2500/-(Name Change)

Payment Instructions.

Payment Modes

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 and the Payment Category (Ex- 808590391V -C/I).
If those information is not included in the online slip, the payment will be rejected.

Documents

Duly completed application	<input type="checkbox"/>
Evidence for change of name (original & photocopies)	
Marriage Certificate	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
Divorce Certificate	<input type="checkbox"/>
Evidence for change of Identity Numbers	
Original NIC	<input type="checkbox"/>
If the NIC number changed, produce letter from Department of Registration of persons	<input type="checkbox"/>
Payment Slip(Only change of Name)	<input type="checkbox"/>

General Information

- 1.The application is in the fillable pdf format. Typed applications are preferred.
- 2.Scan all the documents including the signed application.
- 3.Upload the documents via SLMC website(www.slmc.gov.lk)
- 4.You will be asked to present at the SLMC with original documents including the application for verification.

Note

Please follow the date format [dd/mm/yyyy](#)

Registrar
SRI LANKA MEDICAL COUNCIL
No. 31, Norris Canal Road
Colombo 10

Tel : +94 11 2691848
Fax: + 94 11 2674787
Email: info@slmc.gov.lk
Websit: www.slmc.gov.lk



Nominating a Person to Collect Documents

Only SLMC registrants having an SLMC ID card can be nominated to collect certificates and ID cards on behalf of the registrants.

Registrant's details

Category:

Registration No.:

Name:

Nominated person's details

Category:

Registration No.:

Name:

Description of documents to be collected

1.

2.

3.

I am authorizing the above-nominated person to collect the above documents on my behalf. I know Sri Lanka Medical Council will not be responsible for any loss or damage of documents after collection from SLMC.

Signature of the proposer

Date:

Signature of the nominee

Please attach the nominated person's photocopy of the SLMC ID card. No document will be issued without the SLMC ID of the nominee.

To be completed at the time of collecting documents from SLMC

I have received the undamaged documents listed above and will be handing them to the proposer as soon as possible.

Signature of the nominee

Date

Initials of the SLMC staff

Instructions

- The Sri Lanka Medical Council advises the registrants to collect their documents from the SLMC Office.
- Under exceptional circumstances, the registrants may nominate an SLMC registered person to collect their documents on their behalf by furnishing this nomination form.
- The SLMC is not responsible for lost or damaged documents once dispatched or handed over.
- The SLMC will not replace lost or damaged documents.
- The SLMC would issue duplicates or extracts of lost or damaged documents, whichever is applicable.

Registrar

Sri Lanka Medical Council
31 Norris Canal Road
Colombo 10
Website: www.slmc.gov.lk
Email: Info@slmc.gov.lk
Telephone: +94112691848
Fax: +94112674787