

APPLICATION NO (office use): .....



**APPLICATION FOR DEGREE APPROVAL SRI LANKA MEDICAL COUNCIL**

**ALL SECTIONS TO BE COMPLETED BY THE APPLICANT & UPLOAD TO THE ONLINE APPLICATION PORTAL**

Degree Approval Application No as given in the online portal:	Click or tap here to enter text.
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**1] PERSONAL INFORMATION**

I. Full Name as written on the degree certificate: ( <i>Underline the surname</i> )	Click or tap here to enter text.
II. Surname With Initials:	Click or tap here to enter text.
III. Maiden Name (for females only):	Click or tap here to enter text.
IV. Gender: Male/Female	Click or tap here to enter text.
V. DOB (DATE/MM/YYYY): -	Click or tap to enter a date.
VI. NIC:	Click or tap here to enter text.
VII. Passport No:	Click or tap here to enter text.
VIII. Address (House No.):	Click or tap here to enter text.
IX. Address (Street):	Click or tap here to enter text.
X. Address (City):	Click or tap here to enter text.
XI. Contact No. (Residence):	Click or tap here to enter text.
XII. Contact No. (Mobile):	Click or tap here to enter text.
XIII. Private E-mail Address:	Click or tap here to enter text.

**2] ADVANCED LEVEL EXAMINATION**

I. Index No:	Click or tap here to enter text.
II. Year:	Click or tap here to enter text.
III. Sri Lanka AL Results: subjects and grades of each subject	Click or tap here to enter text.
IV. Foreign AL Results: subjects and grades of each subject (if relevant only)	Click or tap here to enter text.

### 3] INSTITUTE/UNIVERSITY DETAILS

I. Name of University/Institute from which the degree is awarded:	Click or tap here to enter text.
II. Country:	Click or tap here to enter text.
III. Name of University/Institute/Medical School etc. in which the course conducted:	Click or tap here to enter text.
IV. Country:	Click or tap here to enter text.
V. Recognition status of the degree (university) at entry to course: Yes/No/Recognition cancelled	Click or tap here to enter text.

### 4] COURSE DETAILS

I. Date of Enrollment (DATE/MM/YYYY):	Click or tap to enter a date.
II. Date of commencement of the final exam (DATE/MM/YYYY)	Click or tap to enter a date.
III. Date of completion of the final exam (DATE/MM/YYYY):	Click or tap to enter a date.
IV. Date of degree obtained as in degree certificate (DATE/MM/YYYY):	Click or tap to enter a date.
V. Course Duration: Months- and Years-	Click or tap here to enter text.
VI. Course Start and End Dates (DATE/MM/YYYY):	Click or tap to enter a date.
VII. Number of terms or semesters of the course:	Click or tap here to enter text.
VIII. Is mandatory internship included in the course: Yes/No	Choose an item.
IX. If yes, the duration and subjects:	Click or tap here to enter text.
X. Date of passing the Final Examination (MM/YYYY) :	Click or tap to enter a date.

### 5] DEPARTURE AND ARRIVAL DETAILS

I. Details of leaving Sri Lanka to commence the Medical/Dental course (DD/MM/YYYY):	Click or tap to enter a date.
II. Details of final arrival in Sri Lanka following completion of final examination of the Medical/Dental course (DD/MM/YYYY):	Click or tap to enter a date.
III. Details of other visits to Sri Lanka details – Yes/No (Visits to Sri Lanka during the course)	<i>(Fill in the online portal and under item 16 of this application)</i> Choose an item.
IV. If yes, Number and date of each	Click or tap here to enter text.
V. Reasons for each of above visits: Vacation/Approved Private Holiday/Closure/Follow online classes	<i>(Fill under item 16 of this application)</i> Click or tap here to enter text.

### 6] THE DEGREE CERTIFICATE

I. Full name of the qualification:	Click or tap here to enter text.
II. Abbreviation of the qualification:	Click or tap here to enter text.
III. Issue date (DD/MM/YYYY):	Click or tap to enter a date.
IV. Name of University/Institute:	Click or tap here to enter text.
V. Name of country:	Click or tap here to enter text.

<b>7] WAS ANY PART OF THE TRAINING DONE IN ANOTHER MEDICAL/DENTAL SCHOOL OR IN ANOTHER COUNTRY? YES/NO</b>	Choose an item.
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I. If yes, the name, country and duration of the course at each institution	Click or tap here to enter text.
II. Name of the institution: (1) From: <i>text</i> ..... to: ..... <i>text</i> .....	Click or tap here to enter text.
III. Name of the institution: (2) From: ..... <i>text</i> ..... to: ..... <i>text</i> .....	Click or tap here to enter text.
IV. Was it done with approval from SLMC: Yes/No	Choose an item.

<b>8] HAVE YOU PARTICIPATED IN ONLINE THEORY CLASSES WHILE YOU WERE IN SRI LANKA OR ANY OTHER COUNTRY OTHER THAN THE COUNTRY OF YOUR UNIVERSITY)? YES/NO</b>	Choose an item.
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If yes complete the following

I. The type of class/s: Lectures/Seminars/Tutorials/SGD/Others (Please name)	Click or tap here to enter text.
II. Subject (example-surgery), topic (Example-thyroid)	Click or tap here to enter text.
III. Hours for each of above:	Click or tap here to enter text.
IV. Total online theory hours:	Click or tap here to enter text.
V. Specify in which terms/semesters/years these online classes were held:	Click or tap here to enter text.
VI. Provide evidence for completion of classes during each visit (letter form university/log book/ diary/ portfolio etc.):	<i>Attach scanned copies of the evidence in the online portal</i> Click or tap here to enter text.
VII. Such classes were approved by the university: Yes/No (If yes annexed the approval letter or decision letter) <i>Attach scanned copies of the evidence in the online portal</i>	Click or tap here to enter text.
VIII. Reason/s for such classes in SL or any other country:	Click or tap here to enter text.

<b>9] DID YOU OBTAIN ANY ONLINE PRACTICAL SKILLS TRAINING IN NON-CLINICAL SUBJECTS (ANATOMY, BIOCHEMISTRY, PATHOLOGY ETC.)? IN SRI LANKA? YES/NO</b>	Choose an item.
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If yes complete the following

I. Practical - Subject (example-surgery), topic (example-thyroid)	Click or tap here to enter text.
II. Hours for each in each subject:	Click or tap here to enter text.
III. Total online practical hours:	Click or tap here to enter text.
IV. Specify in which terms/semesters/years these online practical classes were held	Click or tap here to enter text.
V. Provide evidence for completion of classes during each visit (letter form university/log book/ diary/ portfolio etc.):	<i>Attach scanned copies of the evidence in the online portal</i> Click or tap here to enter text.
VI. Such classes were approved by the university: Yes/No (If yes annexed the approval letter or decision letter) Attach <i>scanned copies of the evidence in the online portal</i>	Click or tap here to enter text.
VII. Reason/s for such classes in SL:	Click or tap here to enter text.

<b>10] DID YOU ATTEND ANY ONLINE CLINICAL SKILLS TRAINING WHILE YOU WERE IN SRI LANKA OR ANY OTHER COUNTRY OTHER THAN THE COUNTRY OF YOUR UNIVERSITY? YES/NO</b>	Choose an item.
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If yes complete the following

I. Country:	Click or tap here to enter text.
II. Subject/s of clinical subjects (Surgery, Medicine, OG, Paediatrics, Psychiatry, Community Medicine, Forensic Medicine, Family Medicine):	Click or tap here to enter text.
III. Topic of subject (example-thyroid in medicine):	Click or tap here to enter text.
IV. Hours in each subject:	Click or tap here to enter text.
V. Total online clinical hours:	Click or tap here to enter text.
VI. Specify in which terms/semesters/years these online clinical skills trainings were held	Click or tap here to enter text.
VII. Provide evidence for completion of classes during each visit (letter form university/log book/ diary/ portfolio etc.): <i>Attach scanned copies of the evidence in the online portal</i>	Click or tap here to enter text.
VIII. Such classes were approved by the university: Yes/No (If yes annexed the approval letter or decision letter) Attach <i>scanned copies of the evidence in the online portal</i>	Click or tap here to enter text.
IX. Reason/s for such classes in SL or any other country:	Click or tap here to enter text.

<b>11] HAVE YOU COMPLETED ANY ONLINE CLINICAL SKILLS TRAINING CONDUCTED BY THE UNIVERSITY? YES/NO</b>	Choose an item.
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*If yes complete the following*

I. Subject/s of clinical subjects (Surgery, Medicine, OG, Paediatrics, Psychiatry, Community Medicine, Forensic Medicine, Family Medicine):	Click or tap here to enter text.
II. Topic of subject (example-thyroid in medicine):	Click or tap here to enter text.
III. Hours in each subject:	Click or tap here to enter text.
IV. Total online clinical hours:	Click or tap here to enter text.
V. Reason/s for such classes overseas:	Click or tap here to enter text.

## 12] FINAL MBBS/MD EXAMINATION

I. Date on commencement of final examination: DD/MM/YYYY	Click or tap to enter a date.
II. Date of completion of final examination: DD/MM/YYYY	Click or tap to enter a date.
III. Date of release of results of final examination: DD/MM/YYYY	Click or tap to enter a date.
IV. Date in the degree certificate: DD/MM/YYYY	Click or tap to enter a date.
V. Where the examination completed: Overseas university/Sri Lanka	Click or tap here to enter text.

<b>13] HAVE YOU COMPLETED ANY ONLINE EXAMINATIONS WHILE IN SRI LANKA? YES/NO</b>	Choose an item.
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*If yes complete the following*

I. Type of Examination: Theory/Clinical/Viva	Click or tap here to enter text.
II. The name of examination (Final/Other Examinations)	Click or tap here to enter text.
III. Subjects of each examination:	Click or tap here to enter text.
IV. Such examinations approved by the university: Yes/No (If yes annexed the approval letter or decision letter) <i>Attach scanned copies of the evidence in the online portal</i>	Click or tap here to enter text.
V. Reasons for online examinations in SL:	Click or tap here to enter text.

## 14] WAS DEGREE APPROVAL REFUSED IN THE PAST?

*If yes complete the following*

I. Year:	Click or tap here to enter text.
II. Reasons:	Click or tap here to enter text.

**15] ATTACHÉ FOLLOWING SCANNED COPIES OF FOLLOWING**  
**(To facilitate the process and avoid inconvenience to the applicant)**

I. Degree certificate: Yes/No (Attach in the online portal)	Choose an item.
II. Transcript: Yes/No (Attach in the online portal)	Choose an item.
III. Letter confirming details of the hospital base onsite (not online) clinical training (Subjects and hours completed in each subject)	Click or tap here to enter text.
IV. Passport pages of first departure date from Sri Lanka and final arrival date to Sri Lanka: Yes/No (Attach in the online portal)	Choose an item.
V. Passport pages of all other departures and arrivals from overseas country as per below table if relevant: Yes/No/Not Relevant (Attach in the online portal)	Choose an item.

**16] PROVIDE YOUR TRAVEL DETAILS DURING THE COURSE OF STUDY (THE DETAILS OF TRAVEL TO SRI LANKA OR ANY OTHER COUNTRY DURING THE MEDICAL/DENTAL STUDIES COURSE)**

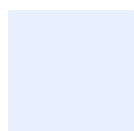
Name of Destination (SL or name of the country)	Date of departure from university (DD/MM/YYYY)	Date of arrival in university (DD/MM/YYYY)	Period (weeks) away from university	Reasons for each visit: Vacation/Approved Private Holiday/Closure/Follow online classes
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.

(Add rows if required)

**Total number of weeks away from the university for any reason listed above: .....** Click or tap here to enter text. ....

**Declaration**

I do hereby declare the particulars stated above are true and correct and having understood the contents hereof I understand and agree that any false and /or misleading submission furnished by me would be liable to disqualification and cancellation of my degree approval in future and shall be liable for violating the provisions of Medical Ordinance No. 26 of 1927 and I would be barred from sitting for the Examination to Register to Practice Medicine (ERPM) conducted by the Sri Lanka Medical Council



..... Click or tap here to enter text. ....

Signature of Applicant

..... Click or tap here to enter text. ....

Date

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**THIS APPLICATION SHOULD BE ATTESTED BY A JUSTICE OF THE PEACE OR A COMMISSIONER OF OATHS**

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*SIGNATURE AND THE SEAL OF THE JUSTICE OF THE PEACE (J.P) OR COMMISSIONER OF OATHS*

*DATE:* .....