



Application Full Registration Under Section 29

(Medical Practitioner)

Please read the instruction before filling the application

NIC NO

SLMC Reg No

Color photograph
Passport Size

Full Name exactly as in the Degree Certificate

Name with Initials

Gender ☐ Male ☐ Female

Date of Birth

Address

Other information

House No.

Mobile Telephone No.

Street

Home Telephone No.

City 1

Email address

City 2

Citizenship

Province

Passport Number

Degree Certificate

Name of the Degree

Standard Abbreviation

☐ MBBS

☐ MD

Other

Degree awarding Institution

Date of the degree awarded

Foreign Degree Approval No.
(Only for Foreign Graduates)

Licensing examination

☐ ERPM

Date of Completion

Provisional Reg. No.

Date of completion of internship

☐ I am a Sri Lankan citizen. I certify that I have provided correct information and bears good moral character and not involved in any criminal activity.

Signature

Date

Signature and stamp(seal) of Justice of Peace or Commissioner of Oath attesting the application

Name of the MA

Registrar

For office use

Date

Reg.No

Registrar's approval

Instruction For Full Registration Under Section 29

Who can apply ?

1. Sri Lankan citizens with SLMC provisional registration and
2. Person of a good character
3. Holds a degree of bachelor of medicine of the University of Ceylon or corresponding University
or
Holds a SLMC recognized foreign medical degree and pass the ERPM Examination
4. Holds an internship completion certificate granted under Section 32.

Fees Paid to the bank or Via Online

Bank: Bank of Ceylon	Branch : Maradana	A/C No: 0000371208
Reference Code : NIC Number	Payment category : FR	Fees : 10500/-(Non Refundable)

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 -CGS).

Required Documents (please fill the tick boxes)

Duly furnished application	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>
ERPM completion certificate	<input type="checkbox"/>	National Identity Card	<input type="checkbox"/>
Degree certificate	<input type="checkbox"/>	Color photograph (Jp certified/Passport size)	<input type="checkbox"/>
Internship Certificate(Certificate of Experience)	<input type="checkbox"/>	Color Photograph (<input type="checkbox"/>
Certificate of Good character (Affidavit)	<input type="checkbox"/>	Payment slip	<input type="checkbox"/>
		Any other relevant documents ID Application	<input type="checkbox"/>

General information

Submit duly furnished application and all required document via online as soon as you complete your internship appointment.

You will be given an appointment to be present in person with the original documents at the SLMC for verification.

Please bring the necessary do not certified photocopies of your original document

Your name on the degree certificate will be the name of the registration

The certificate of registration will be issued only after the Administration of Oath. The details about the Oath ceremony would be notified on the SLMC website.

Documents to be submitted online via www.slmc.gov.lk

NOTE

Any alteration of dates in the internship certificate will not be accept by the SLMC.

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

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

Hotline: 0717412222
Tel : +94 11 269 1848
Fax: +94 11 2691848
Fax:+ 94 11 2674787
Email: applications@slmc.gov.lk
website : www.slmc.gov.lk

B

AFFIDAVIT

I, (Name⁽¹⁾.....)(ID Number.....)
of⁽²⁾.....

being a ⁽³⁾Buddhist/Christian/Roman Catholic/Hindu/Muslim do hereby solemnly and sincerely declare and affirm/do hereby swear and make an oath that;

(1) I am the declarant/deponent above named.

(2) I state that I am a Sri Lankan citizen and registrant of the Sri Lanka Medical Council (SLMC) registered as a⁽⁴⁾

(3) I state that my SLMC Registration No. is

(4) I state that I have never been convicted of any crime or any offense in Sri Lanka or any other country.

(5) I state that I have not been charged with any criminal offense and/or instituted pending litigation against me by any Court of Law or any other legal entity situated within or outside the jurisdiction of Sri Lanka, nor am I aware of any investigation into my affairs that has the potential to lead to such charges.

(6) I further state that I have not been acquitted of an offense on the grounds of unsoundness of mind or insanity.

(7) I state that I have not settled any criminal charge/charges leveled against me entering into terms of settlement and/or paying compensation to the aggrieved party.

(8) I state that there is no pending investigation and/or Inquiry into my professional conduct by the SLMC or any licensing, regulatory or other body.

(9) I further state that I have not been subjected to any investigation into my professional conduct with respect to my current or previous employment, where I have been found guilty.

(10) I understand that I am fully responsible for the contents of this declaration and its truthfulness.

(11) I state that I am of good health condition and there is no current health issue likely to impact my performance, health, and safety or the health and safety of others.

(12) I understand and hereby agree that any incorrect and/or misleading information provided may result in violation of the Medical Ordinance No. 26 of 1927.

The declarant/deponent having read over and understood the contents therein placed the signature on thisDay of 202... at
.....

(5)

Before me

(6)

Justice of Peace/Commissioner for Oaths ⁽⁷⁾

(1) Name as in the SLMC registry

(2) Address of the declarant

(3) Mark across (~~not~~) if not applicable.

(4) Registration Category

(5) Signature of the declarant on Rs. 50 stamp

(6) Signature of person before whom the declaration is made, Commissioner of the oath, Justice of Peace.

(7) Name and title of the person before whom the declaration is made.



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