

APPLICATION FOR REQUESTING A LETTER FROM THE SRI LANKA MEDICAL COUNCIL
(ALL CATEGORIES)

FULL NAME:

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.....

MAIDEN NAME:

.....

(applicable to female only)

ADDRESS:

.....

.....

CATEGORY: DOCTOR / DENTIST / OTHER:

Are you registered in the Council: YES / NO.

If Yes, REGISTRATION NO:

DATE OF REGISTRATION:

PURPOSE FOR REQUESTING THIS LETTER

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REQUIREMENT: REGISTRATION DETAILS/ INTERNSHIP DETAIL

OTHER:(Specify)

CONTACT TELEPHONE NO:

DATE :

.....

SIGNATURE

INSTRUCTIONS

Please forward the followings:

1. The above application duly completed and signed by the applicant.
2. One (1) copy of the attached SLMC paying in slip and the Bank Credit invoice slip duly certified by the bank. **Rs. 880/-** should be paid to any branch of the **BANK OF CEYLON** to the account of the Sri Lanka Medical Council A/C No. 0000371208.

Registrar
Sri Lanka Medical Council
31, Norris Canal Road
Colombo 10

Telephone: 2691848 / Fax: 2674787 / Email: info@mc.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