### **User Guide for Registration process**

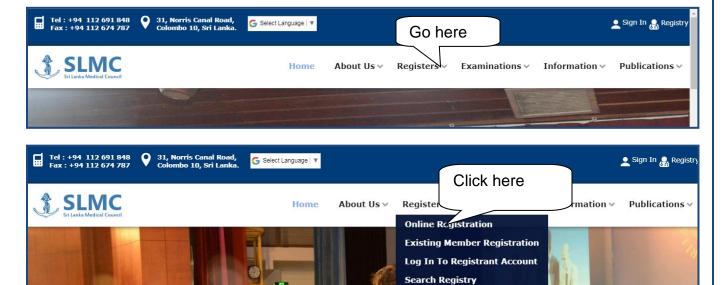
Dear Applicant,

Please use this guide as a reference to submit your application to Sri Lanka Medical Council.

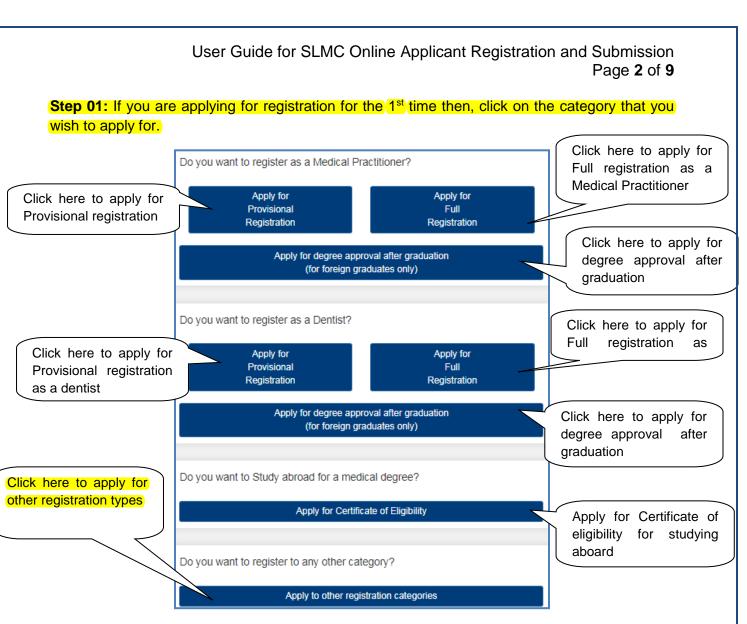
Please note that you need to have a current email address and mobile number to make this registration. If you do not have a current email address please make and account in gmail through this link (<u>https://accounts.google.com/SignUp?hl=en-GBaa</u>) before you begin this process.

You can find the online application form by following this path. Please visit the website <u>https://mc.lk/index.php/en/</u>

Go to Registers →Online Registration



Tutorials/User Guides



#### List of other categories

- Mid wife
- Para-Medical Assistant (PMA)
- Pharmacists
- Professionals Supplementary of Medicine (PSM)
- Temporary registrations (section 67 A) Apprantice Phamarcist

### User Guide for SLMC Online Applicant Registration and Submission Page 3 of 9

**Step 02:** For any registration category you 1<sup>st</sup> need to create your user account here. Please follow the steps seen below.

L Create a New User Accour	nt	(01)Type in your email address and mobile
Registration Category	Medical Practitioner - Provisional	number
E-mail		(02) Enter your
Mobile Number		choice for password
Password		(03)Type in the
Re Enter Password		text displayed here
What is in image	6ec5	Sec5
	Request Registration	(04)Click here

When this message appear please login to your respective email account and open the message received

L Create a New User Account	
Please Check Email and Mobile for account login and verification code	

In your email this text will appear.

Click here to register (05)Click here
Or Copy and Past Following URL mc.lk/mis/SLMC_Registration.php?reqserial=201810036&token=96efb55d0614f944b53c64a51f1cedea5eb0cbbe3278df4ae47ba1ddb20d9800

(06) Check your mobile for a verification code assigned to you. Then enter the code here

L Create a New User	Account			
Mobile Verification Code		(06)Typ	e in	the
Con	tinue	code a		

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(08) Please fill in the following details. According to your category the details required in this form will be different. All fields with the asterisk (\*) mark are compulsory.

Application for Provisional Registration as a Medical Practitioner Under Section 29 of the Medical						
Ordinance						
Applicable only	/ for those who hold a degree registrable with SLMC					
Full Name *						
Name With Initials *						
Gender *	Male 🔻					
NIC *						
Contact No.(Mobile) *	776763287					
E-mail Address *	mihiri.prashansa@gmail.com					
Address (House No.)						
Address (Street)						
Address (City) *						
Advance Level						
Index No *						
Year *						
Biology *						
Chemistry *						
Physics *						
Filysics						
Degree/Diploma Details						
Name of University/Institute *	Select a University/Institute					
Degree Effective Date (MM/YYYY) *						
Date of Enrollment (yyyy-mm-dd) *						
Enter details						
and click here	Submit Application Save					

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Step 3: Once you have submitted you application you can login to you user account here.

Application Submitted Successfully Please Upload Required Documents by Lo Click Here - Login To Your Access	Click here						
Or login from the following	bath				Cli	ck here	
To login to your account	please go to <u>h</u>	ttps://mc	.lk/index.	<u>php/en/</u>			$\sim$
Tel:+94 112 691 848 Fax:+94 112 674 787 31, Norris Canal Colombo 10, Sri I	Road, G Select Language V				ŝ	Sign In 🖁 Registry	-
SI Lanka Medical Council	Home	About Us∨	Registers v	Examinations v	Information ~	Publications 🗸	
					-		
							-
	➡ Existing User Sign In	1		(01)Ente	er		

	E-mail	username	
	E-mail Address		
	Password		
	Password	(02)Enter	$\square$
(03)Click here	not Password?	Password	J
	◆ <b>]</b> Sign-I	In	

Once you sign in you be able to enter to your user account. Application Status interface will Show the progress of your registration, add/edit your application details.

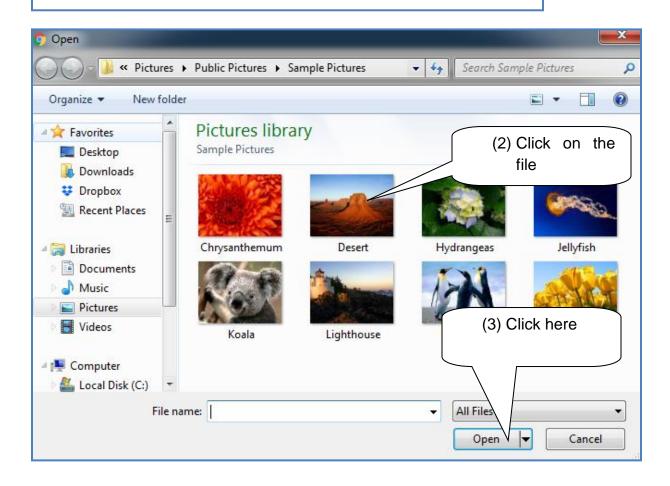
Application	Reference No	Date Submitted	Approval Stage	Approval Status		
Approval of Degree for ERPM	77005	11/09/2018	Application	-	Edit Application	Select Interview
Print Application			Received		Upload Documents	Slot
			(04)Click Edit appli		(05)Click h	nere to
					upload docur	ments

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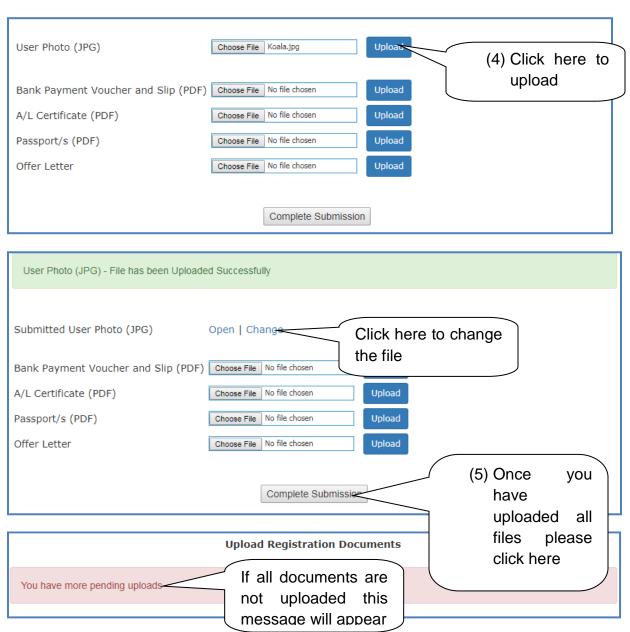
# **Upload documents**

User (1) Click here to select the file	noose File No file chosen	Upload
Bank Payment Voucher and Slip (PDF)	No file chosen	Upload
A/L Certificate (PDF)	No file chosen	Upload
Passport/s (PDF)	noose File No file chosen	Upload
Offer Letter	noose File No file chosen	Upload
	Complete Submissio	n



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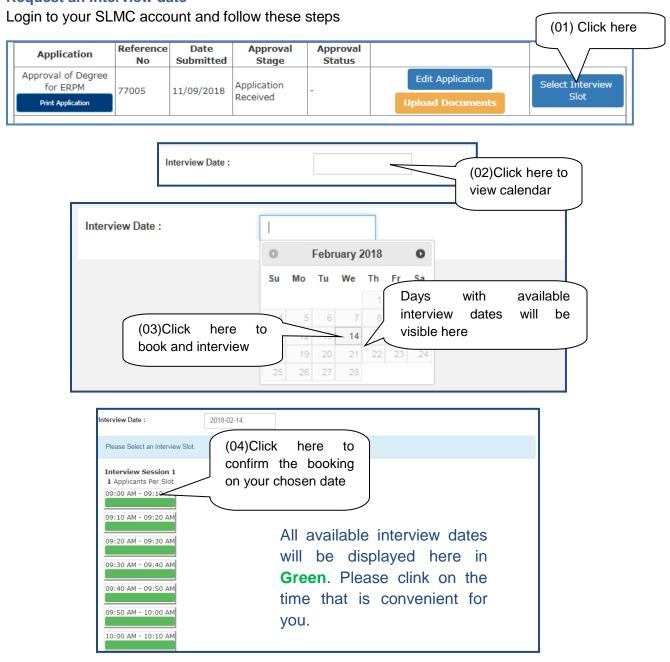
Once you have uploaded all needed documents you can click in the submission button and logout.

You can check on the progress of your application by login to this portal and check the application status

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### User Guide for SLMC Online Applicant Registration and Submission Page 8 of 9

### Request an interview date



The following massage will appear with your confirmed interview date and time.

Interview Date :14 <sup>th</sup> February 2018 Sequence No : 1 Interview Slot : 09:00 AM - 09:10 AM
Change/Cancel Interview

Please note that once you submit this request the interview will be confirmed by SLMC staff through email. Please check your emails for confirmation.

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### How to cancel / Change interview request

**Step 01:** Please login to your account and click on the "view interview slot" link.

٩	Tel : +94 112 691 848 Fax : +94 112 674 787	•	31, Norris Cana Colombo 10, Sr					sec.		
									Click h	nere
	Application Status			Application	Reference No	Date Submitted	Approval Stage	Approval Status		
	r oppiedatori Otatao			Medical Practitioner - Provisional	49	09/10/2017	Application Received	-	View Interview Slot	
	Additional Qualifications									
	Change Membership									
	Certificate Requests									
	Logout									
			_							

**Step 02:** Click in the cancel or change button. Once you click this then the interview will be canceled and then if you need to book another date then please following the booking process mentioned before.

Application Status	Interview Date : 14 <sup>th</sup> February 2018 Sequence No : 1 Interview Slot : 09:00 AM - 09:10 AM
Additional Qualifications	Click here
Change Membership	Change/Cancel Interview
Certificate Requests	
Logout	

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