

SRI LANKA MEDICAL COUNCIL
APPLICATION FOR CHANGE OF NAME

PLEASE COMPLETE IN CAPITALS

FULL NAME REQUIRED TO BE CHANGED IN THE REGISTER:

.....
.....
.....
.....

ADDRESS :

.....
[If address differs from registered address, please inform of new address by a separate letter]

.....
SLMC REGISTRATION NO.

.....
NIC OR PASSPORT NO.

MARRIAGE CERTIFICATE NO. & DATE /

(if applicable)

ALTERED BIRTH CERTIFICATE NO. & DATE /

(if applicable)

(Please tick ✓)- Change of name in the register of **MEDICAL PRACTITIONERS / DENTISTS / RMPS / PHARMACISTS / NURSES / MIDWIVES / PSMS / PARA-MEDICAL ASSISTANTS**

.....
Signature of applicant

.....
Date

.....
Contact Telephone No.

CHANGE OF NAME IN THE REGISTER

INSTRUCTIONS

1. The application should be duly completed and **signed by the applicant.**
2. The fee for '**change of Name**' is Rs. 1,600/=, which should be credited to the Account of the **Sri Lanka Medical Council A/C No 0000371208 (Bank of Ceylon, Maradana Branch)**. Please ensure whether your **NIC No and relevant payment category (CN)** were entered by the Banking Officer for future clarifications. The Bank Credit Slip (Green) should be attached with the application.
- 3.1. If change of name is by marriage, a photo copy of the marriage certificate, certified as a true copy by a Justice of Peace (J.P.)
- 3.2. If change of name is for another reason, a copy of the altered Birth Certificate, certified as a true copy by a Justice of Peace (J.P.)

Please forward the following:

1. The completed application form.
 2. One copy of the enclosed SLMC Payment Voucher and the Bank Credit Slip duly certified by the Bank.
 3. The Marriage Certificate
or
the altered Birth Certificate
- } Original should be produced by you or your representative

PLEASE APPLY WITHIN TWO WEEKS OF MAKING THE PAYMENT.

REGISTRAR.
SRI LANKA MEDICAL COUNCIL

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