



APPLICATION FOR CHANGE OF ADDRESS  
(MEDICAL PRACTITIONER)

(Please fill in English Block Letters)

01. Full Name (as given to the SLMC) : Please leave one space between names

Grid for Full Name

02. Address registered with the SLMC

Grid for Address registered with the SLMC

03. Change of Address ( ADDRESS TO BE ENTRED IN THE REGISTER)

Grid for Change of Address

04. National Identity Card No

Grid for National Identity Card No

05. SLMC Registration No

Grid for SLMC Registration No

06. Date of Registration (DD/MM/YY)

Grid for Date of Registration

07. Contact Numbers

Home

Grid for Home Contact Number

Mobile

Grid for Mobile Contact Number

E Mail Address

Grid for E Mail Address

08. Please produce duly certified photocopies in person or by post with the application.

Table with 3 columns: Document Type, YES, NO

Signature of applicant

Date

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

Tel: 0112691848 Fax: 0112674787 E Mail: slmc@lankabellnet.com / info@mc.lk