

LR

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 DETAILS/VERIFICATION/

OTHER:

CONTACT TELEPHONE NO:

DATE:

.....
SIGNATURE

INSTRUCTIONS

Please forward the followings:

1. The above application duly completed and signed by the applicant.
 - The fee for 'Letter of Request' is Rs. 800/=, 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 (LR) were entered by the Banking Officer for future clarifications. The Bank Credit Slip (Green) should be attached with the application.

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

Telephone: 2691848 / Fax: 2674787 / Email: slmc@lankaobchis.com