



SLMC
Sri Lanka Medical Council

REG. NO:

**APPLICATION FOR A DUPLICATE COPY OF RENEWAL OF REGISTRATION
CERTIFICATE**

This applies to Medical Practitioners [section 29], Medical Practitioners [Act No. 15], Dentists [Section 43] and Persons Entitled to Practice Medicine and Surgery [Section 41]

(Please fill in English Block Letters)

Full Name :

(Please leave a space between each name)

Address:

Gender: Male / Female, Date of Birth:

National Identity Card No: Contact Telephone No.:

.....
Date

.....
Signature of Applicant

Please forward the following

- The Duly completed application signed by the application
- The fee for 'Copy of Renewal Of Registration' 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(RRC)** were entered by the Banking Officer for future clarifications. The Bank Credit Slip (Green) should be attached with the application.