



verification

APPLICATION FOR VERIFICATION (CONFIRMATION) OF REGISTRATION

[*The categories of registrants are given below*]

1. NAME OF THE COMPANY :

2. ADDRESS :

3. CONTACT TELEPHONE NO.

4. EMAIL ADDRESS:

3. NAME OF THE PERSON (PRACTITIONER) YOU WISH TO VERIFY:

To Registrar - SLMCPlease confirm the registration of the above named.

.....
DATE:

.....
SIGNATURE

The categories of registrants

1. Medical Practitioners with Full Registration
2. Medical Practitioners with Provisional Registration
3. Dental Surgeons
4. Para-Medical Assistants
5. Professionals Supplementary to Medicine
6. Midwives

(tick✓) Yes / No

Instructions to verify (Confirm) registration

- The application duly completed and signed by the person making the request.
- The fee for '**Verification**' is Rs. 3200/=, 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 (VR)** were entered by the Banking Officer for future clarifications. The Bank Credit Slip (Green) should be attached with the application.
- Photocopy/Photocopies of certificate/s issued by the Sri Lanka Medical Council to the Practitioner.

REGISTRAR.
SRI LANKA MEDICAL COUNCIL
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Colombo 10.

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