

EXTRACT

SRI LANKA MEDICAL COUNCIL

APPLICATION FOR A CERTIFIED EXTRACT OF REGISTRATION

[This applies to the categories mentioned below]

FULL NAME OF APPLICANT :

.....

MAIDEN NAME :

(applies to female only)

ADDRESS :

.....

REGISTRATION NO:

DATE OF REGISTRATION :

NATIONAL IDENTITY CARD NO:

CATEGORY REGISTERED AS :

CATEGORIES

*Please tick - Pharmacist / Midwife / Para-Medical Assistants /
Professional Supplementary to Medicine*

CONTACT TELEPHONE NO:

Date :

.....

SIGNATURE

SIGNATURE

Instructions -Extract of Registration

Please for the following:

1. The above application duly completed and signed by the applicant.
2. An Affidavit sworn before a Justice of the Peace (J.P) giving circumstances of the loss or damage of your Original Certificate.
3. Original extract of the statement made to the Police.
4. 1 (One) Passport size coloured photograph, certified by the J.P on the reverse.
5. The fee for 'Certified Extract' is Rs. 4800/=, 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 (CE) were entered by the Banking Officer for future clarifications. The Bank Credit Slip (Green) should be attached with the application
6. copy of your National Identity Card (NIC).
7. The certificate will be ready within One [1] week from the date the application has been handed over to the SLMC.

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

Telephone: 2691848
Fax: 2674787
Email: slmc@lankabellnet.com