

SRI LANKA JYÆEDICAL COUNCIL

AP EXTRACT

**APPLICATION FOR AN EXTRACT OF INDENTURE —
REGISTRATION AS AN APPRENTICE PHARMACIST**

FULL NAME OF APPLICANT:

ADDRESS

INDENTURE SERIAL NO

INDENTURE REGISTRATION NO

DATE OF REGISTRATION:

NAME OF PHARMACIST UNDER
WHOM YOU REGISTERED :

PHARMACIST REGISTRATION NO. .

CONTACT TELEPHONE NO :

DATE :

SIGNATURE

INSTRUCTIONS

Please forward the following:

1. The above application duly completed and signed by the applicant
2. The fee for '**Extract of Indenture -AP**' 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 (APX)** 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.

**PLEASE APPLY WITHIN 2 WEEKS
AFTER MAKING THE PAYMENT**

Telephone: 2691848 / Fax: 2674787 / E-mail: slmc@lankabellnet.com