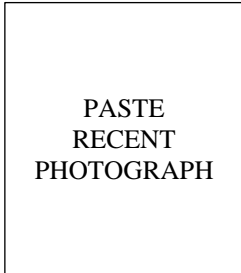


SRI LANKA MEDICAL COUNCIL

APPLICATION FOR APPROVAL OF DEGREE BY A MEDICAL/DENTAL GRADUATE QUALIFIED ABROAD

(PERSONS POSSESSING SRI LANKAN CITIZENSHIP ARE ELIGIBLE TO APPLY)

(FILL IN ENGLISH BLOCK LETTERS)



1. FULL NAME:
.....
.....
(LEAVE A SPACE BETWEEN EACH NAME)

2. ADDRESS FOR CORRESPONDENCE:
.....

3. GENDER : MALE FEMALE

4. CITIZENSHIP: SRI LANKAN DUAL OTHERS.....
(COUNTRY) (SPECIFY)

5. DATE OF BIRTH:

D	D	M	M	Y	Y	Y	Y

6. NIC NO:

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7. PRESENT PASSPORT NO:

--	--	--	--	--	--	--	--

PREVIOUS/OTHER PASSPORT NO:

--	--	--	--	--	--	--	--

8. MOBILE NO:

--	--	--	--	--	--	--	--	--	--

RESIDENCE (TEL):

--	--	--	--	--	--	--	--	--	--

EMAIL ADDRESS:

9. G.C.E. ADVANCED LEVEL (A/L) SUBJECTS AND GRADES: YEAR:

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SRI LANKA OTHER COMPARABLE EXAMINATION
.....
(EXAMINATION) (COUNTRY)

(I) CHEMISTRY (II) BIOLOGY (III) PHYSICS

IF ADMISSION TO MEDICAL/DENTAL SCHOOL IS AFTER **10/04/2021**,

DATE OF ADVANCED LEVEL

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10. DEGREE: MBBS MD BDS OTHER

11. DEGREE AWARDING UNIVERSITY/INSTITUTE:

.....
.....

12. NAME OF THE TRAINING MEDICAL/DENTAL SCHOOL OR THE INSTITUTION:

.....

13. UNIVERSITY/INSTITUTE,

POSTAL ADDRESS:

.....

FAX NO: TEL:.....

EMAIL ADDRESS:.....

14. TOTAL DURATION OF THE COURSE: YEARS MONTHS

FROM:/...../..... TO:/...../.....
(MONTH) (YEAR) (MONTH) (YEAR)

15. DATE OF ENTRY TO THE MEDICAL/DENTAL SCHOOL:/...../.....
(DATE) (MONTH) (YEAR)

16. DATE OF LEAVING SRI LANKA TO COMMENCE THE MEDICAL / DENTAL COURSE:

.....

17. DATE OF AWARD OF DEGREE:

18. WAS PART OF THE TRAINING IN ANOTHER MEDICAL/DENTAL SCHOOL OR IN ANOTHER COUNTRY: YES NO

IF YES, THE NAME, COUNTRY AND DURATION OF THE COURSE AT EACH INSTITUTION

NAME OF THE INSTITUTION: (1)

FROM: TO:

NAME OF THE INSTITUTION: (2)

FROM: TO:

19. REGISTRATION AT MEDICAL COUNCIL IN A COUNTRY OTHER THAN SRI LANKA

..... REG NO:.....

20. PLEASE GIVE BELOW THE DATES (ENTRIES IN PASSPORT) OF DEPARTING TO SRI LANKA OR ANY OTHER COUNTRY DURING THE MEDICAL/DENTAL STUDIES (COURSE) AND THE DATES (ENTRIES IN PASSPORT) OF RETURN TO RESUME THE MEDICAL/DENTAL STUDIES (COURSE) (ATTACH ADDITIONAL PAPERS IF REQUIRED)

DEPARTURE FROM COUNTRY OF TRAINING	RETURN TO COUNTRY OF TRAINING	PERIOD (DAYS) AWAY FROM TRAINING

APPROVAL OF DEGREE TO THOSE WHO HAVE COMPLETED THE MEDICAL/DENTAL (DBS) PROGRAMME ABROAD

DECLARATION

I, Mr. / Mrs.

.....
(Full Name)

declare that the Advanced Level Certificate bearing Index No.

Dated, issued by

and the Degree Certificate No. Dated

issued by

handed over by me to the Sri Lanka Medical Council is genuine and authentic.

(1) I declare that the particulars stated above are true and correct to the best of my knowledge and understand that any false submissions made by me would be liable to disqualification and cancellation of approval of the degree and I would be barred from sitting the ERPM/ERPDS conducted by the Sri Lanka Medical Council.

(2) I accept that if my Degree Certificate and other documents submitted by me are found to be fraudulent that I would be liable for denial and cancellation of registration by the Sri Lanka Medical Council.

.....

.....

Signature of Applicant

Date

THIS APPLICATION SHOULD BE ATTESTED BY A JUSTICE OF THE PEACE OR A COMMISSIONER OF OATHS

.....

SIGNATURE AND THE SEAL OF THE JUSTICE OF THE PEACE (J.P) OR COMMISSIONER OF OATHS

DATE:

SRI LANKA MEDICAL COUNCIL (SLMC)

Guidelines for approval of the Medical/Dental Degrees of Sri Lankan Citizens who have graduated with a recognized foreign Medical/Dental qualification and wish to practice Medicine/Dentistry in Sri Lanka

STEP ONE:

The following are the requirements for approval of the Medical/Dental degree and to be permitted to sit the Examination for Registration to Practice Medicine (ERPM) or the Examination for Registration to Practice Dental Surgery (ERPDS) respectively in Sri Lanka.

1. The applicant should be a Sri Lankan Citizen
2. The applicant should hold a degree from a Medical/Dental School or University recognized by the **Sri Lanka Medical Council**.
3. Any applicant who entered a Medical/Dental school on or after **10th April 2021** should have passed the GCE Advanced Level Examination with the following grades:
 - 3.1. Sri Lankan GCE Advanced Level – at least two (2) Credit Passes (C) and one (1) Ordinary Pass (S) in the Biology stream (Biology, Chemistry and Physics or Mathematics (in lieu of Physics before August 2018) in one and the same certificate (sitting) Or
 - 3.2. GCE Advanced Level – London/Cambridge/Edexcel etc – at least two (2) Cs and one (1) D in the Biology stream in one and the same certificate (sitting).

Note: If anyone who passes the GCE Advanced Level examination in a country other than Sri Lanka or 3.2 above, intends to enroll in a medical school to follow a medical or dental programme he/she should obtain an eligibility certificate from the Sri Lanka Medical Council before enrolling in the Medical/Dental school. Students are strongly advised that it is a procedure which should be done before entry into a Medical/Dental school.

Pre-Medical Courses, Foundation Courses and Preparatory Courses are **NOT accepted by the SLMC**.

STEP TWO: Preparation to apply for Degree Approval

1. The Original GCE Advanced Level (A/L) Certificate issued by the Examination Authority and a clear photocopy of same are required.

Graduates who do not have the GCE A/L criteria as stipulated above but who have entered a Medical/Dental school before **10th April 2021**, should provide a valid document for proof of entry of enrolment (admission) with the correct dates of admission.

2. The original degree certificate together with a clear photocopy of the same is required. Please note that the application will not be accepted if you do not provide your original degree certificate. Provisional Pass certificates, letters of confirmation of completing the final examination or Registration certificates in that country will **NOT BE ACCEPTED**. The final degree certificate **MUST** be available before applying for the degree approval.

If the degree certificate is in any language other than **English**, a translation of the certificate in to English either by the Medical/Dental school or a translation duly certified by the Sri Lankan Embassy in that country should be provided.

3. The original marks sheet or transcript with a clear photocopy is required.

If the mark sheet or transcript is in any language other than **English**, a translation of the document/s in English certified either by the Medical/Dental school or duly certified by the Sri Lankan High Commission or embassy in that country should be provided.

4. The original passport/s of the applicant, covering the period of training at the Medical/Dental school with photocopies of the information page and all pages indicating visas for entry and exit and stamped pages even if travelled to other countries for the entire period of training.

If more than one passport has been used to travel during Medical/Dental studies, photocopies of page 2 of the endorsement of each passport is also required.

5. The fee for “Degree Approval – Foreign” is **Rs. 12000/=**, which should be credited to the account of the Sri Lanka Medical Council **A/C No. 0000371208 (Bank of Ceylon, Maradana Branch)**. Please ensure that your NIC Number and relevant payment category (AD) were entered by the Banking Officer for future clarifications. The Bank Credit Slip (Green) should be attached with the application.
6. One (1) recent passport size colour photograph on good quality matt paper taken within the last 3 months.
7. The completed application, duly signed by the applicant (Degree Holder), and attested by a Justice of the Peace (J.P) or a Commissioner of Oaths in the island.

STEP THREE:

8. Candidates should apply online and upload all required documents (Instructions are given on the web site “mc.lk”) and then select an interview slot from those displayed as available dates. (Instructions are given on the web site “mc.lk”). The interview date will be confirmed by a SMS or email from the Sri Lanka Medical Council.
9. At the interview the degree holder (applicant) should personally hand over the application for approval of the Medical/Dental degree along with the required documents.

Without fulfilling the above requirements, the Medical/Dental degree of a candidate to sit the ERPM or ERPDS and thereafter to register and to practice as a Medical/Dental practitioner will not be approved by The Sri Lanka Medical Council.

Registrar/ SLMC

Tel: 0112691848

Fax No: 0112674787

Email: examination@mc.lk, info@mc.lk

Web site: mc.lk, www.srilankamedicalcouncil.org