

**APPLICATION FOR ERPDS CERTIFICATE – DENTAL**  
**(Complete in Block Letters)**

ERPDS NO.....

1. FULL NAME : .....

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2. ADDRESS : .....

.....

CONTACT TEL. NO : .....

3. MEDICAL SCHOOL / UNIVERSITY : .....

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4. DATE OF DEGREE : .....

5. DATE OF COMPLETING ERPDS EXAMINATION : .....

.....

DATE

.....

SIGNATURE OF APPLICANT

1. The payment for Rs:4000/- should be made to the Sri Lanka Medical Council Account No:0000371208 through any branch of BANK OF CEYLON and Bank Credit Slip (Green slip) should be attached to the application..

**2. Please forward a copy of Degree Certificate.**

3. Please produce the ERPDS Index Card.

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