

**APPLICATION FOR ERPM CERTIFICATE**

(Complete in Block letters)

**FOR OFFICE USE ONLY**

COMPLETION NO:.....

PR NO: .....

**ERPM REG. NO:** .....

1. FULL NAME :.....

.....

2. ADDRESS: .....

.....

CONTACT TEL NO:.....

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

4. DATE OF DEGREE : .....

5. DATE OF COMPLETING ERPM EXAMINATION:.....

**ERPM PART A**

**SUBJECTS**                      **MONTH**                      **YEAR**

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**ERPM PART D/COMBINED PAPER (P 5)**

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**OPTION - 1 or OPTION - 2**

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**TOTAL NO. OF ATTEMPTS**

**ERPM PART A :**.....

**ERPM PART D :**.....

**ERPM PART B (CLINICAL SUBJECTS)**

**SUBJECTS**                      **MONTH**                      **YEAR**

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**ERPM PART C (VIVA VOCE SECTION)**

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**TOTAL NO. OF ATTEMPTS**

**ERPM PART B :**.....

**ERPM PART C :**.....

1. Please forward a copy of Degree Certificate.
2. Please produce the ERPM Registration Card.
3. Please forward a copy of A/L Certificate.
4. 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.