

SRI LANKA MEDICAL COUNCIL

RE-ISSUE OF FULL REGISTRATION CERTIFICATE APPLICATION FORM

- If the full registration certificate should be handed over to anyone else, please provide an authorization letter signed by you. (available at the reception of the SLMC)

01.NAME IN FULL :

02.ADDRESS :

03.SLMC REG NO :

04.DATE OF REGISTRATION :

05.NIC NO :

06.CONTACT NO (RESIDENCE):

MOBILE NO:

07.E-MAIL ADDRESS :

.....
Applicant's Signature

.....
Date

**PLEASE ATTACH A PHOTOCOPY OF YOUR REGISTRATION
CERTIFICATE WITH THIS APPLICATION**

Please note that after receiving the application, The SLMC will prepare a new certificate. The existing certificate should be returned to the SLMC when you obtain the new certificate.