

**APPLICATION FOR CHANGE OF NAME**

*PLEASE COMPLETE IN CAPITALS*

**FULL NAME REQUIRED TO BE CHANGED IN THE REGISTER:**

.....  
.....  
.....  
.....

**ADDRESS :** .....

.....

[If address differs from registered address, please inform of new address by a separate letter]

.....

**SLMC REGISTRATION NO.**

.....

**NIC OR PASSPORT NO.**

**MARRIAGE CERTIFICATE NO. & DATE** ..... / .....

(if applicable)

**ALTERED BIRTH CERTIFICATE NO. & DATE** ..... / .....

(if applicable)

**(Please tick ✓)**- Change of name in the register of MEDICAL PRACTITIONERS / DENTISTS /  
RMPS / PHARMACISTS / NURSES/ MIDWIVES / PSMS / PARA-MEDICAL ASSISTANTS

.....

**Signature of applicant**

.....

**Date**

.....

**Contact Telephone No.**

## **CHANGE OF NAME IN THE REGISTER**

### **INSTRUCTIONS**

1. The application should be duly completed and **signed by the applicant**.
  2. Payment of Rs.1600/= should be made at any branch of the BANK OF CEYLON to the account of Sri Lanka Medical Council A/c No. 0000371208. (Bank paying slips could be collected at the bank.)
  - 3.1. If change of name is by marriage, a photo copy of the marriage certificate, certified as a true copy by a Justice of Peace (J.P.)
  - 3.2. If change of name is for another reason, a copy of the altered Birth Certificate, certified as a true copy by a Justice of Peace (J.P.)
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Please forward the following:

1. The completed application form.
2. One copy of the enclosed SLMC Payment Voucher and the Bank Credit Slip duly certified by the Bank.
3. The Marriage Certificate  
or  
the altered Birth Certificate } Original should be produced by you or your representative Certificate

PLEASE APPLY WITHIN **TWO WEEKS** OF MAKING THE PAYMENT.

REGISTRAR.  
SRI LANKA MEDICAL COUNCIL

TEL: +94 11 2691848  
FAX: +94 11 2674787