

SRI LANKA MEDICAL COUNCIL

**APPLICATION FOR REGISTRATION AS A PROFESSIONAL
SUPPLEMENTARY TO MEDICINE**

[Only those who hold a Certificate of Proficiency from the Ceylon Medical College Council could apply]

OFFICE USE ONLY

Passport size
PHOTOGRAPH
Signed by J.P

OFFICE USE ONLY

REG. NO.
DATE OF REG:

Category:.....

Application to be filled in **BLOCK CAPITAL LETTERS**

FULL NAME :

ADDRESS :

GENDER: **Male/Female** / NATIONAL IDENTITY CARD NO.

DATE OF BIRTH:

Contact Telephone No. Email:

DO YOU HAVE ANY OTHER REGISTRATION WITH THE SLMC - YES / NO

If Yes, Registration No: Category:

Date: Signature of Applicant:

**For Certification by the
Ceylon Medical College Council**
I certify that the Certificate of Proficiency
has been issued by the CMC
.....
Registrar, CMCC SEAL

.....
Signature and Seal of the Justice of the Peace
(J.P.)

SRI LANKA MEDICAL COUNCIL

Code: PSM

Instructions.

Please forward the following

1. The completed application form for Registration duly signed by the applicant and certified by the Ceylon Medical College Council (CMCC) and a Justice of the Peace [J.P.]
2. Three (3) recent Passport size colour photographs, one (1) should be certified by a J.P. on the reverse.
3. The Original Certificate of Proficiency issued by the Ceylon Medical College Council and a photocopy of the same.
4. Please submit the applications for the SLMC Identity Card duly completed and signed by the Applicant.No needs to pay for the SLMC ID card
5. The SLMC Payment Voucher and the Bank Paying-in-slip (Green Slip) duly certified by any branch of the **Bank of Ceylon** that a sum of Rs. **4,000/=** has been credited to the account of the Sri Lanka Medical Council, A/C No. **0000371208.**
6. The Original National Identity Card and a photocopy of the same.

If you have already been registered as a Para-Medical Assistant, the Original Certificate of Registration should be returned to this office for cancellation.

When it is ready for collection your Certificate of Registration & Identity card we will inform you by a letter

Registrar
Sri Lanka Medical Council
31, Norris Canal Road
Colombo 10

-/gb.

FORM 02

APPLICATION FOR A SLMC ID CARD

PSM

PHOTO
(PASSPORT
SIZE)

PLEASE FILL IN BLOCK CAPITALS

CATEGORY

INITIALS AND LAST NAME :

[Example: - A.A. SILVA ✓ A.A. Silva ✗ *A.A.Silva ✗*]

SLMC REG. NO:

ADDRESS

LINE 1.....
LINE 2.....
LINE 3.....
LINE 4.....

[Example: No,04

SANKALPA ROAD,
PAPILIYANA,
BORALASGAMUWA.

NIC NO:

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SIGNATURE:

DATE: