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]

Passport size PHOTOGRAPH Signed by J.P Category:	OFFICE USE ONLY REG. NO DATE OF REG:						
Application to be filled in BLOCK CAPITA	L LETTERS						
FULL NAME :							
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							

SEAL

Registrar, CMCC

Signature and Seal of the Justice of the Peace

(J.P.)

SRI LANKA MEDICAL COUNCIL

Code: PSM

Instructions.

Please forward the following

- 1. The <u>completed application form for Registration</u> 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 <u>Original Certificate of Proficiency</u> issued by the Ceylon Medical College Council and a photocopy of the same.
- 4. <u>Please submit the applications for the SLMC Identity Card</u> 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 01

APPLICATION FOR A SLMC ID CARD

PHOTO

PSM

PLEASE FILL IN BLOCK CAPITALS

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FORM 02

APPLICATION FOR A SLMC ID CARD

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PLEASE FILL IN BLOCK CAPITALS

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