

**SRI LANKA MEDICAL COUNCIL**  
**EXAMINATION FOR REGISTRATION TO PRACTICE**  
**DENTAL SURGERY (ERPDS) IN SRI LANKA**

**SPECIAL EXAMINATION FOR DENTAL GRADUATES QUALIFIED ABROAD FOR REGISTRATION  
UNDER SECTION 43 OF THE MEDICAL ORDINANCE**

The Sri Lanka Medical Council will receive applications for the above examination **from Thursday 27<sup>th</sup> October 2022 to Friday 04<sup>th</sup> November 2022 from 9.30a.m. to 1.00p.m.** only on each working day. The application forms can be obtained from the SLMC website. Receipt of applications will close on **Friday 04<sup>th</sup> November 2022 at 1.00 p.m.** Late applications will **NOT** be accepted.

Dental Graduates who have obtained approval of their degrees from the Sri Lanka Medical Council are eligible to apply.

Registrar  
Sri Lanka Medical Council  
31, Norris Canal Road, Colombo 10.  
Telephone: 5623651 / 2691848  
SLMC Website: [www.slmc.gov.lk](http://www.slmc.gov.lk)

# SRI LANKA MEDICAL COUNCIL

(SPECIAL EXAMINATION FOR DENTAL GRADUATES QUALIFIED ABROAD UNDER SECTION 43 OF THE MEDICAL ORDINANCE)

## EXAMINATION FOR REGISTRATION TO PRACTICE DENTAL SURGERY IN SRI LANKA

### APPLICATION – NOVEMBER 2022

FILL ALL THE CAGES (USE BLOCK CAPITALS)

REG. NO

*APPLICATION ACCEPTED FROM 27<sup>TH</sup> OCTOBER 2022,  
9.30 A.M TO 1.00 P.M. ON WEEK DAYS. LAST DATE FOR  
ACCEPTING APPLICATION IS FRIDAY 04<sup>TH</sup> NOVEMBER 2022.*

PASTE  
RECENT  
PHOTOGRAPH  
(GOOD QUALITY  
MATT PAPER)

### PERSONAL DETAILS

- (a) FULL NAME: .....  
.....  
(b) PREVIOUS NAMES IF ANY: .....
- PERMANENT ADDRESS: .....  
.....  
*(All correspondence will be sent to this address)*
- NIC NO:..... DATE OF BIRTH:..... GENDER: MALE / FEMALE
- MOBILE NO:..... RESIDENCE (TEL):.....
- EMAIL ADDRESS..... PASSPORT NO(S):.....
- (a) MEDICAL SCHOOL/UNIVERSITY AND COUNTRY:  
.....  
(b) DEGREE/DIPLOMA:..... YEAR OF QUALIFYING: .....  
(c) DATE OF DEGREE APPROVAL:..... DATE OF ERPDS REGISTRATION: .....

SECTION APPLIED FOR SHOULD BE INDICATED BY INITIALING AGAINST EACH SECTION.

	SECTION	SIGNATURE
PART I	THEORY & PRACTICAL	
PART II	CLINICAL	

### SECTION PREVIOUSLY PASSED

(Please write the month/year of passing in the appropriate cage)

		MONTH & YEAR	NUMBER OF ATTEMPTS SAT FOR ERPDS PART I
PART I	THEORY & PRACTICAL		

.....  
SIGNATURE OF APPLICANT  
(AS PLACED IN ERPDS REGISTRATION CARD)

.....  
DATE

## INSTRUCTIONS TO CANDIDATES

1. The application form for this examination should be downloaded from SLMC website. (www.slmc.gov.lk)
2. Candidates **should apply** for both Part I and Part II of ERPDS at the first attempt and those who did not pass Part I in previous examinations. Candidates who have passed Part I of the ERPDS are eligible to sit for ERPDS Part II. (Part I results will be released before the Part II examination)
3. Please forward **two (2) recent unedited colour photographs (Passport Size) of the applicant with frontal view of the face against a white background on good quality matt paper.** (Any other size or form would not be accepted). One photograph is to be pasted on the application form by the candidate and the other photograph would be included in the admission Card.  
**First time applicants, forward Three (3) recent unedited colour photographs of the applicant with frontal view of the face (Passport Size) against a white background on good quality matt paper.** (Any other size or form would not be accepted).
4. **The ERPDS Registration Card, Passport, Degree Approval Letter and National Identity Card should be submitted for perusal at the time of application.**
5. **ONE self-addressed envelope – 4 inches x 9 inches to be submitted** (to receive the Admission Card) **Envelope should be stamped to the value of Rs. 110/-.** Write two contact numbers below your address.
6. **Timetable and instructions regarding the examination will be emailed to each candidate.**
7. The admission card will be sent to each candidate through courier service or registered post before the examination.
8. Results will be posted on the SLMC webpage, after the approved of the Education Committee subject to confirmation by the Council. Results sheet will be emailed to each candidate only after confirmation of the results by the Council.

### FILLING THE APPLICATION FORM

- a) Applications should be legibly written in English by the Applicant in his/her own handwriting.
- b) You should write the surname, other names and initials as they appear in your passport and the certificate of Approval of your Degree. If you have changed your name, please produce documentary proof (e.g. Marriage Certificate).
- c) Incomplete applications will be rejected
- d) No applications will be accepted after 1.00 p.m. on the closing date
- e) Applications could be withdrawn with reasons stated in writing before the closing date and time. On withdrawal of the application, the fees would NOT be transferred for a future examination. Fees already paid shall be refunded depending on the stage of processing.
- f) Fees would not be refunded of rejected applications.
- g) **Applications must be handed over personally by the applicant only and he/she should sign the register maintained at the office for that purpose. Other persons should not accompany the applicant.**
- h) **Overseas Candidates:** If the candidate is residing outside Sri Lanka, the application should be sent before the closing date and time for receipt of applications at the SLMC with a certificate of attestation by an Authorised Officer of the Sri Lanka High Commission or Embassy/ Attorney at law/ Notary Public/ Solicitor of the country of temporary residence on the form 'Declaration by the Applicant' supplied by the Council (which can be downloaded from the website). The application form should be scanned sent by e -mail <examination@slmc.gov.lk> directly to Sri Lanka Medical Council before the closing date and time for receipt of applications. The original copy of the documents sent by courier/post should reach the SLMC within one week from the closing date and bank slip or online payment details should reach the SLMC before the closing date.
- i) Any candidate who does not attend the examination could ask for a refund only under the circumstance of an illness and after submitting a medical certificate from a SLMC registered medical practitioner **within 10 working days** from the date of completion of the examination.

**APPLICATIONS WILL BE ACCEPTED FROM 9.30 A.M. TO 1.00 P.M ON WEEKDAYS FROM 27 OCTOBER 2022 TO 04 NOVEMBER 2022.  
APPLICATIONS WILL NOT BE ACCEPTED AFTER 1.00 P.M. ON 04 NOVEMBER 2022**

### FEES:

The fees could be paid at any branch of the Hatton National Bank. The paying – in –slip given by the bank (yellow slip) should be attached to the application after payment. (Please mention NIC Number and Mention the word “ERPDS – **NOVEMBER 2022**” on the bank slip for easy reference)

If you are paying via online it is essential to mention NIC Number and Mention the word “ERPDS – **NOVEMBER 2022**” for easy reference. **CHEQUES WILL NOT BE ACCEPTED BY THE COUNCIL**

Please Credit to **A/C No: 003010153598**, Sri Lanka Medical Council, Hatton National Bank, Darley Road, Branch, Colombo 10.

	SECTION	FEE
<b>PART I</b>	<b>THEORY &amp; PRACTICAL</b>	<b>RS. 15000/-</b>
<b>PART II</b>	<b>CLINICAL</b>	<b>RS. 15000/-</b>

Registrar,

Sri Lanka Medical Council

31, Norris canal Road, Colombo 10. Telephone Nos.: 2691848/5623651/ 0716355771 Fax: 0094112674787

**DECLARATION BY THE APPLICANT**  
**(Candidates residing outside Sri Lanka)**

I.....  
( Name & Address of the person making the declaration)

**DO SOLEMNLY AND SINCERELY DECLARE THAT**

\* I am the person applying to sit **ERPDS Part I / Part II** Examination for Registration to Practice Dental Surgery in Sri Lanka to be held in Colombo by the Sri Lanka Medical Council in ..... 20....  
(month)

\* I am at present residing in .....  
(City & Country )

\* I hereby state that the statement made and information given in the application form submitted herewith and the copies of the Passport and the National Identity Card/Driving License are true and complete.

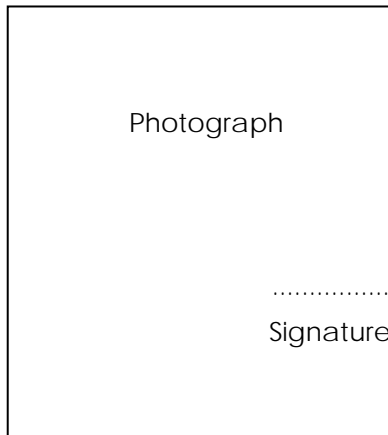
\* I am aware that I have to be present by myself at the Sri Lanka Medical Council to sign and collect the admission card and the other documents before I am permitted to sit the examination.

Signature of the person making the declaration :.....

Declared at..... on the.....day of..... 20...  
(city/ country)

Before me .....

.....  
(Name in block capitals, Address, Title and the Signature of the person before whom the declaration is made.)



.....  
Rubber Stamp/Seal

I certify that photograph shown above is a true photograph of ..... who placed her/ his signature before me. (name of the declarant )

.....  
Date

.....  
Signature of the person before whom the declaration is made.

Place .....  
City/ Country