## SUBMISSION OF ORIGINAL DOCUMENTS- IMO WHO WILL BE COMPLETING THEIR INTERNSHIP ON 26 OCTOBER 2022

### Please bring the following documents

Please arrange the documents according to the below order before coming to the submission counter.

- 1. Application Form (Form B) certified by J.P.
- 2. Three Passport size color photograph. (One Should be certified by JP)
- 3. Payment slip-(Rs 9600/-) (Thermal print (ATM Machine) payments required a photocopy)
- 4. Degree certificate (Original+ (Only A4 size) Photocopy)
- 5. National Identity Card (Original+ Photocopy)
- 6. Birth certificate (Original+ (Only A4 size) Photocopy)
- 7. Character Certificate (Form D)
- 8. Affidavit A (attached below)
- 9. Form A
- 10. Progress Report-1,2,3, 4 (SLMC Copy)
- 11. Internship Certificate (Form C)
- 12. Identity card Application -New format -2 copies
- 13. Provisional Registration Certificate OR Intern Identity Card

I wish to request the IMO to present at the Medical Faculty of Colombo University (TV room) on 31<sup>st</sup> October, 01st, 02<sup>nd</sup>,03<sup>rd</sup> and 04<sup>th</sup>of November, 2022 according to the interview slots obtained by the individual applicants.

\* Please note that any discrepancy on your internship certificate such as erased or altered or tippexed will not be accepted. (Only clear copy internship copies are accepted) \*

## INTERNSHIP DATES:

1st SIX MONHTS	27.10.2021
	26.04.2022
2ND SIX MONTHS	27.04.2022
	26.10.2022

### Note

 $\checkmark$  Please click here for login to your the SLMC online account and select the Change Membership & Medical Practitioner

 $\checkmark$  Any other system-related queries please send an email with your Name, Phone number, PR number, and NIC number to <u>slmcmis4@gmail.com</u>.

### Registrar

### 20.10.2022

-/sss



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(PASSPORT SIZE)

## APPLICATION FOR A SLMC ID CARD

# DOCTOR

PLEASE FILL IN BLOCK CAPITALS (use 01 cage for comma or dot.)

SECTION: 29

INITITIALS AND LAST NAME:

SLMC NO:



QUALIFICATIONS: MBBS(COLOMBO)

ADD	DRES	S:											

NIC	NΟ·											

NIC NO:

SIGNATURE:	
DATE:	
CONTACT NO:	

### **AFFIDAVIT**

I,(Name<sup>(1)</sup>.....)(IDNumber.....) of<sup>(2)</sup>....

being a <sup>(3)</sup> Buddhist/Christian/Roman Catholic/Hindu/Muslim do hereby solemnly and sincerely declare and affirm/do hereby swear and make an oath that;

- (1) I am the declarant/deponent above named.
- (2) I state that I am a Sri Lankan citizen.
- (3) I state that I have never been convicted of any crime or any offence in Sri Lanka or any other country.
- (4) I state that I have not been charged with any criminal offence and/or instituted pending litigation against me by any Court of Law or any other legal entity situated within or outside the jurisdiction of Sri Lanka, nor am I aware of any investigation into my affairs that has the potential to lead to such charges.
- (5) I further state that I have not been acquitted of an offence on the grounds of unsoundness of mind or insanity.
- (6) I state that I have not settled any criminal charge/charges levelled against me entering into terms of settlement and/or paying compensation to the aggrieved party.
- (7) I further state that I have not been subjected to any investigation into my professional conduct with respect to my current or previous employment, where I have been found guilty.
- (8) I understand that I am fully responsible for the contents of this declaration and its truthfulness.
- (9) I state that I am of good health condition and there is no current health issue likely to impact my performance, health and safety or the health and safety of others.

### (10) I understand and hereby agree that any incorrect and/or misleading information provided

### may result in violation of the Medical Ordinance No. 26 of 1927.

The declarant/deponent having read												
over and understood the contents												
therein placed the signature on this												
Day of												
-												

(5)																						
(-)	•••	•••	•••	••	••	٠	••	٠	٠	••	•	••	•	•••	•	٠	••	•	•	• •	•	••

Before me

(6) Justice of Peace/Commissioner for Oaths (7)

- (1) Name which should be in the SLMC registry
- (2) Address of the declarant
- (3) Mark across (not) if not applicable.
- (4) Registration Category
- (5) Signature of the decrant on Rs. 50 stamp
- (6) Signature of person before whom the declaration is made, Commissioner of the oath, Justice of Peace.
- (7) Name, title and the seal of the person before whom the declaration is made.