



4. Form C is considered as a separate document where PART A & Part B should be printed on both sides of the paper. (PART A front page & on reverse PART B) -Separate prints of Part A & B are NOT accepted.
5. Form D should be printed as a separate document and the reverse should be blank.
6. The application for SLMC ID Card should be printed as a separate document and the reverse should be blank.

**Note**

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

✓ Any other system-related queries please send an email with your Name, Phone number, PR number, and NIC number to [slmcmis4@gmail.com](mailto:slmcmis4@gmail.com).

**Registrar**

**19.06.2023**

-/sss



# B

## AFFIDAVIT

I,(Name<sup>(1)</sup>.....)(ID Number.....)  
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 and registrant of the Sri Lanka Medical Council (SLMC) registered as a<sup>(4)</sup> .....

(3) I state that my SLMC Registration No. is .....

(4) I state that I have never been convicted of any crime or any offence in Sri Lanka or any other country.

(5) 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.

(6) I further state that I have not been acquitted of an offence on the grounds of unsoundness of mind or insanity.

(7) 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.

(8) I state that there is no any pending investigation and/or Inquiry into my professional conduct by the SLMC or any licensing, regulatory or other body.

(9) I further state that I have not been subjected to any investigation into my professional conduct in respect to my current or previous employment, where I have found guilty.

(10) I understand that I am fully responsible for the contents of this declaration and its truthfulness.

(11) I state that I am of good health condition and there is no current health issue likely to impact on my performance, health and safety or the health and safety of others.

**(12) 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 ..... 202... at .....



(5) .....

Before me

(6) .....

Justice of Peace/Commissioner for Oaths <sup>(7)</sup>

(1) Name as 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 oath, Justice of Peace.

(7) Name and title of the person before whom the declaration is made.

