SUBMISSION OF DOCUMENTS FOR SLMC REGISTRATION

SLMC Full Registration for Intern Medical Officers who will be completing their internship on 26.06.2023

Please bring the following documents

Please arrange the documents according to the following order before submitting to the counter.

- 1. Application Form (Form B) certified by a J.P.
- 2. Three Passport size color photographs. (One Should be certified by a J.P.)
- 3. Payment slip-(Rs 10500/-) (Thermal print (ATM Machine) payments required a photocopy)
- 4. Degree certificate (Original+ an A4 size Photocopy)
- 5. National Identity Card (Original+ an A4 size Photocopy)
- 6. Birth certificate (Original+ an A4 size Photocopy)
- 7. Provisional Registration Certificate (Original+ Photocopy)
- 8. Character Certificate (Form D)
- 9. Affidavit B (attached below)
- 10. Form A
- 11. Progress Report-1,2,3, 4 (SLMC Copy)
- 12. Internship Certificate (Form C)
- 13. Identity card Application -New format -2 copies

I wish to request the IMO to be present at **the University of Colombo, Faculty of Medicine UCFM Tower, Ground Floor (Exhibition Center) on 05th, 06th and 07th of July 2023** 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 a clear copy of the internship certificate is accepted) *

INTERNSHIP DATES:	
1st SIX MONHTS	27.06.2022
	26.12.2022
2ND SIX MONTHS	27.12.2022
	26.06.2023

INSTRUCTIONS FOR PRINTING THE EVALUATION BOOK

Evaluation book (Evaluation certificate for internship) can be downloaded at the following link: <u>https://slmc.gov.lk/en/education/internship</u>

Please follow the below instructions when taking the printout:

- 1. Form A should be printed as a separate document and the reverse should be blank.
- 2. Every progress report should have a "Reported commendable events" page on the reverse. (Only Progress Report-1,2,3, 4 (SLMC Copy) should be submitted during registration)
- 3. Form B should be printed as a separate document and the reverse should be blank.

- 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

 \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

19.06.2023

-/sss



ΡΗΟΤΟ

(PASSPORT SIZE)

APPLICATION FOR A SLMC ID CARD

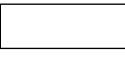
DOCTOR

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

SECTION: 29

INITITIALS AND LAST NAME:

SLMC NO:



QUALIFICATIONS: MBBS(COLOMBO)

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CONTACT NO:

AFFIDAVIT

I,(Name⁽¹⁾.....)(ID Number.....)

being a ⁽³⁾ 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(4)

(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 c		202 at									

(5)								•	•	•••		•••		•	•	•	•					•	•	•	•	
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Before me

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

(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.