

SUBMISSION OF DOCUMENTS FOR SLMC REGISTRATION

SLMC Full Registration for Intern Medical Officers who will be completing their internship on 31.10.2023

I wish to request the IMO to be present at the **University of Colombo, Faculty of Medicine UCFM Tower, First Floor (Meeting Room- 01) on 06th, 07th, 08th, 09th and 10th of November 2023** according to the interview slots obtained by the individual applicants.

Required Documents Checklist:

Before submitting to the counter, please arrange the documents in the following order:

1. Application Form (Form B) certified by a Justice of the Peace (J.P.).
2. Three passport-size color photographs (one should be certified by a J.P.).
3. Payment slip for Rs 10,500/- (Thermal print (ATM Machine) payments require 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 (printed as a separate document with a blank reverse side).
11. Progress Report-1, 2, 3, 4 (SLMC Copy) - Each progress report should include a "Reported commendable events" page on the reverse side.
12. Internship Certificate (Form C) - Part A and Part B should be printed on both sides of the paper.
13. Identity card Application - New format (2 copies, printed as separate documents with a blank reverse side).

Important Notes:

Please note that any discrepancies on your internship certificate, such as erasures, alterations, or tippex corrections, will not be accepted. Only clear copies of the internship certificate will be considered valid.

The internship dates are as follows:

1ST SIX MONTHS	01.11.2022 30.04.2023
2ND SIX MONTHS	01.05.2023 31.10.2023

INSTRUCTIONS FOR PRINTING THE EVALUATION BOOK

The Evaluation book (Evaluation certificate for internship) can be downloaded from the following link: [SLMC Internship Evaluation Book](#)

When taking the printout, please follow these instructions:

1. Form A should be printed as a separate document with a blank reverse side.

2. Every progress report should include a "Reported commendable events" page on the reverse side. Only Progress Report-1, 2, 3, and 4 (SLMC Copy) should be submitted during registration.
3. Form B should be printed as a separate document with a blank reverse side.
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 on the front page and PART B on the reverse side). Separate prints of Part A & B are NOT accepted.
5. Form D should be printed as a separate document with a blank reverse side.
6. The application for the SLMC ID Card should be printed as a separate document with a blank reverse side.

Note

For any inquiries related to your SLMC online account or any system-related issues, please send an email to slmcmis4@gmail.com, including your Name, Phone number, PR number, and NIC number.

Please ensure that you arrive for your appointment on the designated date and time with all the required documents in order to facilitate a smooth and efficient registration process.

Registrar

19.10.2023

-/sss

B

AFFIDAVIT

I,(Name⁽¹⁾.....)(ID Number.....)

of⁽²⁾.....

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⁾ Medical Practitioner

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

(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.

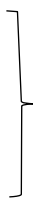
(10) I understand that I am fully responsible for the contents of this declaration and its truthfulness.

(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 thisDay of 202... at



(5)

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 declarant 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.

