

# Sri Lanka Medical Council of Sri Lanka

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Dear Candidate,

## **Complaints on Conduct of ERPM/ERPDS Examinations**

If a candidate considers that there had been an injustice/unfairness in the conduct of the ERPM (Part B & C) or ERPDS (Part II) examinations, please use this form to lodge the complaint to Sri Lanka Medical Council (SLMC). Please complete and submit this form to the Registrar of the SLMC. The form is available for download from the SLMC website, and the information is included in the examination instruction sheet.

Complete the feedback form (given below) **within 2 working days of completion of the examination at the respective center the candidate participated** and **return the signed document by registered post** to the registrar/SLMC under confidential cover. The SLMC will ensure the confidentiality of the complainant.

**This form is the only way that you may raise concerns/make complaints, if any, regarding the above examinations. Concerns should be limited to the conduct of the examination and not regarding the content or the format of the examination. Concerns/complaints made after the stipulated time period will not be considered.** Anonymous and incomplete complaints will not be entertained.

## **ERPM/ERPDS Examination Complaint Form**

### **A. Details of the examination**

Name of examination:.....

Subject/track of the examination:.....

Date of conduct of the examination: .....

Examination center :.....

### **B. What is/are your concern(s)?**

(Concerns should be limited to the conduct of the examination and not the content or format of the examination. You may attach evidence to substantiate your claims)

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## C. How did/will this issue affect you/fellow candidates?

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## D. Details of the candidate

Name:	Index Number:	ERPM Registration No:
Phone No :		email :
Postal Address :		
Signature:		Date:

Attestation of the Signature of the candidate should be done by **a person unrelated to the candidate and should** be one of the following persons. (No other person is acceptable.)

1. A Fully Registered Medical Practitioner Under Sec. 29 of the Medical Ordinance with Good Standing.
2. A registered Dental Surgeon under section 43 of the Medical Ordinance with Good Standing.
3. A. Registered Assistant Medical Practitioner under section 41 of the Medical Ordinance with Good Standing.
4. An Attorney at Law or a Commissioner of Oaths.

**This is to certify that the candidate Mr/Miss/Mrs/Ms..... (NIC No: ..... /Pass Port No:..... / Driving License No:.....) is personally known to me and the placed his/ her signature before me.**

.....  
**Signature of the candidate**

.....  
**Attestor's name, signature and seal with official title (for doctors and dental surgeons SLMC registration number)**