

SRI LANKA MEDICAL COUNCIL

Examination for Registration to Practise Medicine

ERPM PARTS – B AND C – AUGUST/ SEPTEMBER 2026

PART II – AUGUST / SEPTEMBER 2026

Applications are called for:

- **ERPM Part B – (Clinicals)**
- **ERPM Part C – (Emergency Viva voce)**
- **ERPM Part II – OSCE**

The application should be handed over by the applicant in person at the SLMC Office on working days from **9.00 a.m. to 1.00 p.m.** from **Monday 20th July to Friday 31st July 2026.** (Late applications deviating from the above dates and times will NOT be accepted)

Eligibility to sit ERPM Part B and ERPM Part C :

Candidates who have completed Part A of ERPM as Medical Track (Medicine & Paediatrics) and/or Surgical Track (Surgery & Obstetrics & Gynaecology)

Eligibility to sit ERPM Part II :

1. Candidates who have successfully completed Part I of ERPM
2. Candidates who have successfully completed Part A and Part D of the ERPM.

Note:

1. ERPM Part B: Prospective candidates should apply subject wise for Medicine, Paediatrics, Surgery and Obstetrics & Gynaecology.
2. ERPM Part C: Prospective candidates should apply Track wise as Medical Track and / or Surgical Track.
3. ERPM Part II : Prospective candidates should apply Part II (OSCE)
4. All candidates are instructed to sit all the subjects of ERPM Part B and Tracks of ERPM Part C if they are qualified to sit those Subjects/Tracks and have not yet passed. Candidates should apply for OSCE of ERPM Part II if they have successfully completed ERPM Part I.

For further details refer to web site: <https://slmc.gov.lk/en/examinations/erpm>

Book Your Application Submission Time slot: <https://appointment.medicalcouncil.lk/index.php>

Registrar

Sri Lanka Medical Council

31, Norris Canal Road, Colombo 10.

Telephone: 071-6355771

Email: examination@slmc.gov.lk

17/07/2026

SRI LANKA MEDICAL COUNCIL

*SPECIAL EXAMINATION UNDER ACT 16 OF 1965 AND SECTION 29(i)(ii)(cc) AND SECTION 29
(2)(b)(iii)(cc) OF THE MEDICAL ORDINANCE.*

EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM) IN SRI LANKA PART B AND PART C

REG. NO

APPLICATION – AUGUST / SEPTEMBER 2026

FILL ALL THE CAGES (USE BLOCK CAPITALS)

***APPLICATION ACCEPTED FROM 20TH JULY 2026,
9.00 A.M TO 1.00 P.M. ON WORKING DAYS. LAST DATE FOR
ACCEPTING APPLICATION IS FRIDAY 31ST JULY 2026.***

PASTE
RECENT
PHOTOGRAPH
(GOOD QUALITY
MATT PAPER)

PERSONAL DETAILS

1. (a) FULL NAME:

.....

(b) PREVIOUS NAMES IF ANY:

2. PERMANENT ADDRESS:

.....

(All correspondence will be sent to this address)

3. NIC NO:..... PASSPORT NO(s).....

DATE OF BIRTH:..... GENDER: MALE / FEMALE

4. MOBILE NO:..... RESIDENCE (TEL):.....

EMAIL ADDRESS:.....

5. MEDICAL SCHOOL/UNIVERSITY AND COUNTRY:

.....

DEGREE/DIPLOMA:..... YEAR OF QUALIFYING:

DATE OF DEGREE APPROVAL:..... DATE OF ERPM REGISTRATION:

ERPM PART B - APPLY SUBJECT WISE

SUBJECT	SIGNATURE
MEDICINE	
PAEDIATRICS	
SURGERY	
OBSTETRICS & GYNAECOLOGY	

ERPM PART C - APPLY TRACK WISE

EMERGENCY MEDICINE (VIVA VOCE SECTION)	SIGNATURE
MEDICAL TRACK	
SURGICAL TRACK	

ERPM PARTS B & C – EXPRESSION OF PREFERRED EXAMINATION CENTER

INDICATE THE EXAMINATION CENTER IN ORDER OF PREFERENCE YOU WISH TO ATTEND.
INDICATE FOUR (04) CENTERS IN ORDER OF PREFERENCE.

EXAMINATION CENTER	PREFERENCE
UNIVERSITY OF COLOMBO/ KELANIYA/ SRI JAYAWARDENAPURA	
UNIVERSITY OF PERADENIYA	
UNIVERSITY OF JAFFNA	
UNIVERSITY OF RUHUNA	
RAJARATA UNIVERSITY	

.....
SIGNATURE OF APPLICANT
(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

DATA SHEET - PREVIOUS EXAM PERFORMANCE

NAME:

REG. NO:.....

(ON COMPLETION OF ERPM THIS INFORMATION WOULD BE USED TO DETERMINE THE ORDER OF MERIT)

At the time of handing over the application, please produce the original results sheets for inspection as proof of passing the components of ERPM at previous sittings.

INDICATE THE SUBJECTS PASSED IN ERPM PARTS A AND D / B AND C

ERPM PART A AND PART D

SUBJECTS	YEAR	MONTH	INDEX NO
MEDICINE (PAPER 1)			
PAEDIATRICS (PAPER 2)			
SURGERY (PAPER 3)			
OBSTETRICS & GYNAECOLOGY (PAPER 4)			
PSYCHIATRY (PAPER 5)			
COMMUNITY MEDICINE (PAPER 6)			
FORENSIC MEDICINE (PAPER 7)			

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART A

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART D

ERPM PART B AND PART C

SUBJECTS	YEAR	MONTH	INDEX NO
MEDICAL TRACK	MEDICINE		
	PAEDIATRICS		
SURGICAL TRACK	SURGERY		
	OBSTETRICS & GYNAECOLOGY		
EMERGENCY MEDICINE (VIVA VOCE SECTION)	MEDICAL TRACK		
	SURGICAL TRACK		

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART B

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART C

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND I HEREBY AGREE TO ABIDE BY THE RULES OF THE EXAMINATION.

.....
SIGNATURE OF APPLICANT

(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

INSTRUCTIONS TO CANDIDATES

1. Candidates **should apply** for all subjects of ERPM Part B and Part C **NOT** passed in previous examinations.
2. Please forward **two (2) recent unedited colour photographs (size 3 cm x 2.5 cm) of the applicant with frontal view of the face against a white background on good quality matt paper.** (Any other size or form would not be accepted). One photograph is to be pasted on the application form by the candidate and the other photograph would be included in the admission Card.
3. **The ERPM Registration Card, Passport, Degree Approval Letter, and the National Identity Card should be submitted for perusal at the time of submission of the application.**
4. ONE self-addressed envelope – 4 inches x 9 inches to be submitted (to receive the Admission Card) Envelope should be stamped to the value of Rs. 130/-. Write two contact numbers below your address.
5. Timetable and instructions regarding the examination will be emailed to each candidate and these details will also be posted on the SLMC webpage.
6. The admission card will be sent to each candidate through registered post before the examination.

FILLING THE APPLICATION FORM

- a) Applications should be legibly written in English by the Applicant in his/her own handwriting.
- b) You should write the surname, other names and initials as they appear in your passport and the certificate of Approval of your Degree. If you have changed your name, please produce documentary proof (e.g. Marriage Certificate).
- c) Produce the original results sheets, of the components of examination that you have already completed, for inspection at the time of handing over the application. Incomplete applications will be rejected.
- d) No applications will be accepted after 1.00 p.m. on the day of closing of call for application.
- e) Applications could be withdrawn with stated reasons in writing before the closing date and time of the application. On the withdrawal of the application, the fees would be refunded only if it is due to medical reasons for withdrawal and if it is supported by a medical certificate.
- f) Fees would not be refunded for rejected applications. A processing fee of 25% would be levied at the discretion of the SLMC.
- g) **Applications must be handed over personally by the applicant and he/she should sign the register maintained at the office for that purpose**
- h) **Overseas Candidates:** If the candidate is residing outside Sri Lanka, the application should be sent before the closing date and time for receipt of applications by the SLMC with a certificate of attestation by an Authorised Officer of the Sri Lanka High Commission or Embassy/ Attorney at law/ Notary Public/ Solicitor of the country of temporary residence on the form 'Declaration by the Applicant' supplied by the Council (which can be downloaded from the website). The application form should be emailed directly to Sri Lanka Medical Council Examination Unit (examination@slmc.gov.lk) before the closing date and time for receipt of applications and the original documents (courier/post) should reach the SLMC within one week before the closing date.
- i) Any candidate who does not attend the examination could ask for a refund only under the circumstance of an illness and after submitting a medical certificate from a SLMC registered medical practitioner within 10 working days from the date of completion of the examination.

APPLICATIONS WILL BE ACCEPTED FROM 9.00 A.M. TO 1.00 P.M ON WORKING DAYS FROM 20TH JULY TO 31ST JULY 2026. APPLICATIONS WILL NOT BE ACCEPTED AFTER 1.00 P.M. ON 31ST JULY 2026.

Registrar,

Sri Lanka Medical Council

31, Norris canal Road, Colombo 10.

Telephone Nos: 0716355771 Email: examination@slmc.gov.lk

ERPM PART B AND ERPM PART C - PAYMENTS

The fees could be paid at any branch of the Hatton National Bank. The paying – in – slip given by the bank (yellow slip) should be attached to the application after payment. Please credit to A/C No: **003010153598, Sri Lanka Medical Council**, Hatton National Bank, Darley Road Branch, Colombo 10.

CHEQUES WILL NOT BE ACCEPTED BY THE COUNCIL

ERPM PART B	FEES
MEDICINE	RS. 17,500/-
PAEDIATRICS	RS. 17,500/-
SURGERY	RS. 17,500/-
OBSTETRICS & GYNAECOLOGY	RS. 17,500/-

ERPM PART C (VIVA VOCE)	FEES
MEDICAL TRACK	RS. 10,000/-
SURGICAL TRACK	RS. 10,000/-

DECLARATION BY THE APPLICANT
(Candidates residing outside Sri Lanka)

I.....,
(Name & Address of the person making the declaration)

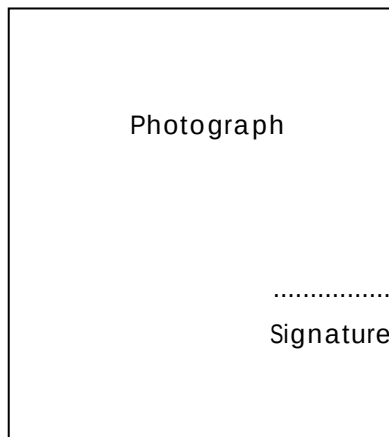
DO SOLEMNLY AND SINCERELY DECLARE THAT

- * I am the person applying to sit **ERPM Part A & D, Part I / Part B & C, Part II** Examination for Registration to Practice Medicine in Sri Lanka to be held in Colombo by the Sri Lanka Medical Council in 20....
(month)
- * I am at present residing in
(City & Country)
- * I hereby state that the statement made and information given in the application form submitted herewith and the copies of the Passport and the National Identity Card/Driving License are true and complete.
- * I am aware that I have to be present by myself at the Sri Lanka Medical Council to sign and collect the admission card and the other documents before I am permitted to sit the examination.

Signature of the person making the declaration :.....

Declared at..... on the.....day of..... 20...
(city/ country)

Before me
.....
(Name in block capitals, Address, Title and the Signature of the person before whom the declaration is made.)



.....
Signature of the applicant

.....
Rubber Stamp/Seal

I certify that photograph shown above is a true photograph of who placed her/ his signature before me. (name of the declarant)

.....
Date

.....
Signature of the person before whom the declaration is made.

Place
City/ Country

SRI LANKA MEDICAL COUNCIL

SPECIAL EXAMINATION UNDER ACT 16 OF 1965 AND SECTION 29(i)(ii)(cc) AND SECTION 29 (2)(b)(iii)(cc) OF THE MEDICAL ORDINANCE.

EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM) IN SRI LANKA PART II

REG. NO

APPLICATION – AUGUST / SEPTEMBER 2026

FILL ALL THE CAGES (USE BLOCK CAPITALS)

***APPLICATION ACCEPTED FROM 20TH JULY 2026,
9.00 A.M TO 1.00 P.M. ON WORKING DAYS. LAST DATE FOR
ACCEPTING APPLICATION IS FRIDAY 31ST JULY 2026***

PASTE
RECENT
PHOTOGRAPH
(GOOD QUALITY
MATT PAPER)

PERSONAL DETAILS

1. (a) FULL NAME:

.....

(b) PREVIOUS NAMES IF ANY:

2. PERMANENT ADDRESS:

.....

(All correspondence will be sent to this address)

3. NIC NO:..... PASSPORT NO(s).....

DATE OF BIRTH:.....

GENDER: MALE / FEMALE

4. MOBILE NO:..... RESIDENCE (TEL):.....

5. EMAIL ADDRESS.....

6. (a) MEDICAL SCHOOL/UNIVERSITY AND COUNTRY:

.....

(b) DEGREE/DIPLOMA:..... YEAR OF QUALIFYING:

(c) DATE OF DEGREE APPROVAL:..... DATE OF ERPM REGISTRATION:

ERPM PART II

SUBJECT	SIGNATURE
OSCE (Objective Structured Clinical Examination)	

ERPM PART II – EXPRESSION OF PREFERRED EXAMINATION CENTER

INDICATE YOUR PREFERRED EXAMINATION CENTRES IN ORDER OF PREFERENCE BY ASSIGNING A UNIQUE NUMBER FROM 01 TO 08, WHERE 01 REPRESENTS YOUR MOST PREFERRED CENTRE AND 08 YOUR LEAST PREFERRED CENTRE.

EXAMINATION CENTER	PREFERENCE
UNIVERSITY OF COLOMBO	
UNIVERSITY OF JAFFNA	
UNIVERSITY OF KELANIYA	
UNIVERSITY OF PERADENIYA	
UNIVERSITY OF RAJARATA	
UNIVERSITY OF RUHUNA	
UNIVERSITY OF SRI JAYAWARDENAPURA	
UNIVERSITY OF WAYAMBA	

NOTE:

IF ANY OF THE ABOVE UNIVERSITIES ARE UNABLE TO CONDUCT THE ERPM PART II (OSCE) EXAMINATION, THE SRI LANKA MEDICAL COUNCIL (SLMC) RESERVES THE RIGHT TO ALLOCATE CANDIDATES TO THEIR NEXT PREFERRED EXAMINATION CENTRE, SUBJECT TO THE AVAILABILITY AND CAPACITY OF THE EXAMINATION CENTRES.

.....
SIGNATURE OF APPLICANT

(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

DATA SHEET – PREVIOUS EXAM PERFORMANCE

APPLICABLE ONLY FOR THE CANDIDATES REGISTERED UNDER THE NEW FORMAT OF ERPM

NAME:

REG. NO:.....

(ON COMPLETION OF ERPM THIS INFORMATION WOULD BE USED TO DETERMINE THE ORDER OF MERIT)

At the time of handing over the application, please produce the original results sheets for inspection as proof of passing the components of ERPM at previous sittings.

ERPM PART I

INDICATE THE SUBJECTS PASSED IN ERPM PART I

PAPERS	YEAR	MONTH	INDEX NO
PAPER 1			
PAPER 2			
PAPER 3			

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART I

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART II

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND I HEREBY AGREE TO ABIDE BY THE RULES OF THE EXAMINATION.

.....
SIGNATURE OF APPLICANT

(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

DATA SHEET - PREVIOUS EXAM PERFORMANCE

APPLICABLE ONLY TO CANDIDATES REGISTERED UNDER THE OLD FORMAT OF ERPM, WHO WISH TO APPLY FOR PART II (NEW FORMAT)

NAME:

REG. NO:.....

(ON COMPLETION OF ERPM THIS INFORMATION WOULD BE USED TO DETERMINE THE ORDER OF MERIT)

At the time of handing over the application, please produce the original results sheets for inspection as proof of passing the components of ERPM at previous sittings.

INDICATE THE SUBJECTS PASSED IN ERPM PARTS A AND D / B AND C

ERPM PART A AND PART D

SUBJECTS	YEAR	MONTH	INDEX NO
MEDICINE (PAPER 1)			
PAEDIATRICS (PAPER 2)			
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OBSTETRICS & GYNAECOLOGY (PAPER 4)			
PSYCHIATRY (PAPER 5)			
COMMUNITY MEDICINE (PAPER 6)			
FORENSIC MEDICINE (PAPER 7)			

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART A

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART D

ERPM PART B AND PART C

SUBJECTS	YEAR	MONTH	INDEX NO
MEDICAL TRACK	MEDICINE		
	PAEDIATRICS		
SURGICAL TRACK	SURGERY		
	OBSTETRICS & GYNAECOLOGY		
EMERGENCY MEDICINE (VIVA VOCE SECTION)	MEDICAL TRACK		
	SURGICAL TRACK		

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART B

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART C

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.....
SIGNATURE OF APPLICANT

(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

INSTRUCTIONS TO CANDIDATES

1. Candidates **should apply** for OSCE of ERPM Part II if they have successfully completed ERPM Part I.
2. Please forward **two (2) recent unedited colour photographs (size 3 cm x 2.5 cm) of the applicant with frontal view of the face against a white background on good quality matt paper.** (Any other size or form would not be accepted). One photograph is to be pasted on the application form by the candidate and the other photograph would be included in the admission Card.
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- g) **Applications must be handed over personally by the applicant and he/she should sign the register maintained at the office for that purpose**
- h) **Overseas Candidates:** If the candidate is residing outside Sri Lanka, the application should be sent before the closing date and time for receipt of applications by the SLMC with a certificate of attestation by an Authorised Officer of the Sri Lanka High Commission or Embassy/ Attorney at law/ Notary Public/ Solicitor of the country of temporary residence on the form 'Declaration by the Applicant' supplied by the Council (which can be downloaded from the website). The application form should be emailed directly to Sri Lanka Medical Council Examination Unit (examination@slmc.gov.lk) before the closing date and time for receipt of applications and the original documents (courier/post) should reach the SLMC within one week before the closing date.
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Registrar,

Sri Lanka Medical Council

31, Norris canal Road, Colombo 10.

Telephone Nos: 0716355771 Email: examination@slmc.gov.lk

ERPM PART II - PAYMENTS

The fees could be paid at any branch of the Hatton National Bank. The paying – in – slip given by the bank (yellow slip) should be attached to the application after payment. Please credit to **A/C No: 003010153598, Sri Lanka Medical Council**, Hatton National Bank, Darley Road Branch, Colombo 10.

CHEQUES WILL NOT BE ACCEPTED BY THE COUNCIL

ERPM PART II	FEE
OSCE	RS. 100,000/-

ERPM PART II - PAYMENTS

The fees could be paid at any branch of the Hatton National Bank. The pay – in – slip given by the bank (yellow slip) should be attached to the application after payment.

If you are paying via online it is essential to mention below details. If those information not mention in the remittance advice your payment will be rejected.

1. NIC no
2. Mention the word “ERPM PART II – AUGUST / SEPTEMBER 2026”

CHEQUES WILL NOT BE ACCEPTED BY THE COUNCIL

SUBJECT	FEE
OSCE (Objective Structured Clinical Examination)	RS. 100,000/-

Please Credit to A/C No: 003010153598, Sri Lanka Medical Council, Hatton National Bank, Darley Road, Branch, Colombo 10.

DECLARATION BY THE APPLICANT
(Candidates residing outside Sri Lanka)

I.....,,

(Name & Address of the person making the declaration)

DO SOLEMNLY AND SINCERELY DECLARE THAT

* I am the person applying to sit **ERPM Part A & D, Part I / Part B & C, Part II** Examination for Registration to Practice Medicine in Sri Lanka to be held in Colombo by the Sri Lanka Medical Council in

..... 20....

(month)

* I am at present residing in

(City & Country)

* I hereby state that the statement made and information given in the application form submitted herewith and the copies of the Passport and the National Identity Card/Driving License are true and complete.

* I am aware that I have to be present by myself at the Sri Lanka Medical Council to sign and collect the admission card and the other documents before I am permitted to sit the examination.

Signature of the person making the declaration :.....

Declared at..... on the..... day of..... 20...

(city/ country)

Before me

.....
(Name in block capitals, Address, Title and the Signature of the person before whom the declaration is made.)

Photograph

.....
Rubber Stamp/Seal.

.....
Signature of the applicant

I certify that photograph shown above is a true photograph of who placed her/ his signature before me. (name of the declarant)

.....
Date

.....
Signature of the person before whom the declaration is made.

Place

City/ Country