



Application for Certified Internship Certificate Copies

Registrant's Name:

NIC No: Tel No:

SLMC Registration No: No. of copies: Amount paid:

Signature: Date:

**To download Form No. 32 - Application for Certified Internship Certificate copies, please visit the SLMC website at www.slmc.gov.lk.
Download link <https://slmc.gov.lk/en/downloads>**

INSTRUCTIONS

1. The application should be duly completed and **signed by the registrant**.
2. Payment of Rs. 250 per copy to be made at any branch of the BANK OF CEYLON to the Sri Lanka Medical Council A/c No. 77456612, Maradana branch.
 - i. Direct bank deposits are accepted **only for submission to the reception desk (a green slip must be submitted)**.
 - ii. **Online transfers require a printed PDF payment receipt from the bank.**

Important: For your transaction reference, please enter your NIC number and the payment category (e.g., xxxxxxxx "Intern").

Applications can be submitted via email, with the online payment PDF receipt attached.

If the registrant is unable to collect, they may designate another registrant to collect on their behalf, following the instructions provided on the attached nominee form.

Registrar,
SRI LANKA MEDICAL COUNCIL
No.31, Norris Canal Road, Colombo 10

Hotline: 0717412222
[Email: icc@slmc.gov.lk](mailto:icc@slmc.gov.lk)
Website: www.slmc.gov.lk



Nominating a Person to Collect Documents

Only SLMC registrants having an SLMC ID card can be nominated to collect certificates and ID cards on behalf of the registrants.

Registrant's details

Category:

Registration No.:

Name:

Nominated person's details

Category:

Registration No.:

Name:

Description of documents to be collected

1.

2.

3.

I am authorizing the above-nominated person to collect the above documents on my behalf. I know Sri Lanka Medical Council will not be responsible for any loss or damage of documents after collection from SLMC.

Signature of the proposer

Date:

Signature of the nominee

Please attach the nominated person's photocopy of the SLMC ID card. No document will be issued without the SLMC ID of the nominee.

To be completed at the time of collecting documents from SLMC

I have received the undamaged documents listed above and will be handing them to the proposer as soon as possible.

Signature of the nominee

Date

Initials of the SLMC staff

Instructions

- The Sri Lanka Medical Council advises the registrants to collect their documents from the SLMC Office.
- Under exceptional circumstances, the registrants may nominate an SLMC registered person to collect their documents on their behalf by furnishing this nomination form.
- The SLMC is not responsible for lost or damaged documents once dispatched or handed over.
- The SLMC will not replace lost or damaged documents.
- The SLMC would issue duplicates or extracts of lost or damaged documents, whichever is applicable.

Registrar

Sri Lanka Medical Council
31 Norris Canal Road
Colombo 10
Website: www.slmc.gov.lk
Email: Info@slmc.gov.lk
Telephone: +94112691848
Fax: +94112674787