

**APPLICATION FOR A CERTIFICATE OF GOOD STANDING  
(VERIFICATION OF REGISTRATION PARTICULARS )**

[ C.G.S. ]

**PLEASE COMPLETE IN CAPITALS**

**FULL NAME:**.....

.....

**ADDRESS :**.....

.....

**REGISTRATION NO.** .....

**DATE OF REGISTRATION:** ..... **GENDER:** MALE / FEMALE

**QUALIFICATION/S:**.....

.....

.....

**CONTACT TELEPHONE NO.** .....

**CATEGORY REGISTERED AS - tick (✓)**

Medical Practitioner with Full Registration / Medical Practitioner with Provisional  
Registration / Medical Practitioner with Temporary Registration / DENTISTS / R.M.P.'S /  
PHARMACISTS / PARA-MEDICAL ASSISTANTS / PROFESSIONALS SUPPLEMENTARY TO  
MEDICINE

.....  
DATE

.....  
SIGNATURE OF APPLICANT

REGISTRAR,  
SRI LANKA MEDICAL COUNCIL  
31, NORRIS CANAL ROAD,  
COLOMBO 10.  
TEL: 2691848 FAX: 2674787

## INSTRUCTIONS

1. The application should be duly completed and signed by the applicant.

The fee for 'Certificate of Good Stranding-Copy' is Rs. 880/=, which should be credited to the Account of the Sri Lanka Medical Council A/C No 0000371208 (Bank of Ceylon, Maradana Branch). Please ensure whether your NIC No and relevant payment category (CGS-Copy) were entered by the Banking Officer for future clarifications. The Bank Credit Slip (Green) should be attached with the application.

**Please apply within 2 weeks after making the payments**

Registrar,  
SRI LANKA MEDICAL COUNCIL  
31, Norris Canal Road,  
Colombo 10.

Telephone : +94 11 2691848

Fax : +94 11 2674787

Email : [smc@lankamedicalcouncil.lk](mailto:smc@lankamedicalcouncil.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](http://www.slmc.gov.lk)

Email: [Info@slmc.gov.lk](mailto:Info@slmc.gov.lk)

Telephone: +94112691848

Fax: +94112674787