



# Application for Restoration & Renewal of Registration

Please read instruction before filling the application.

NIC No  Reg.Category   
 Reg No

Photograph  
Color Photo  
Passport

Full name (registered with SLMC)

Name with initials

### Address in Sri Lanka (registered with SLMC)

### Other Information

House No.	<input type="text"/>	Home	<input type="text"/>
Street	<input type="text"/>	Mobile	<input type="text"/>
City 1	<input type="text"/>	Office	<input type="text"/>
City 2	<input type="text"/>	Fax	<input type="text"/>
Province	<input type="text"/>	Email	<input type="text"/>
Passport Number	<input type="text"/>	Citizenship	<input type="text"/>

### Certificate that you are alive

To be certified by an authorized officer mentioned in the Instruction page.

I certify that Dr.

 being the above mentioned practitioner is alive.

### Details of the Person Certified

Name of the person Certified

Designation of the person Certified

Seal

Signature

Date

Applicant's Signature Full

Applicant's Signature Short

Date

I certify that the information given above and the documents submitted by me are accurate and true.

I am a Sri Lankan citizen and aware that the non Sri Lankan citizens are not eligible to registered under section 29 of the Medical ordinance.

For office use	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date	Reg.No	Registrar's approval

## Instructions for Restoration & Renewal of Registration

### Who can apply ?

1. Registrants who have expired registrations.
2. Applicable to Sri Lankan citizens or Dual citizens only

### Fees can be paid through the banks or online.

#### Sri Lankan Rupee Transaction

Bank : Bank Of Ceylon	Branch : Maradana	A/C No: 0000371208
Reference Code : RRR your Registration Number (RRRxxxxxx)	Payment Category : RRR	Fee : Rs 11500/- (Age <75) :Rs 5750/- (Age >= 75)

#### US dollar Transaction

Bank : Bank Of Ceylon	Branch : Maradana	A/C No: 9999605
Reference Code : MSR your Registration Number (MSRxxxxxx)	Payment Category : MSR	Fee:84\$(excluded bank charges)(Age <75) Fee:42\$ (excluded bank charges) (Age >= 75)

### Payment Instructions.

#### Payment Modes

1. Direct deposit to the bank(**Green Slip is essential**)
2. Online transfers(**Online Payment slip received from the bank**)
3. Paying through Cash Deposit Machine(**Original thermal slip is essential**)

### Important :

As the reference for the transaction, you must enter your NIC Number and the Payment Category (Ex- 808590391V -CGS). If those information is not included in the online slip, the payment will be rejected.

### Documents

Duly furnished application with signatures	<input type="checkbox"/>	Live Certificate	<input type="checkbox"/>
Color Photograph (passport size)	<input type="checkbox"/>	Bank Credit slip (Original)	<input type="checkbox"/>
NIC /Passport - Certified photocopy	<input type="checkbox"/>	Affidavit (B)	<input type="checkbox"/>

### Instructions

Must first restored the expired registrations with the prescribed Fees and then renew the registration.

Certification that you are alive can be made by the following authorized persons ,in Sri Lanka and Overseas

#### Authorized signatories if you are in Sri Lanka

Director of the Hospital  
President/Secretary of professional colleges  
PDHs/RDHs/MOH of your area  
Gramasewaka Niladhari of your area

#### Authorized signatories for applicants in overseas

Director of the Hospital  
Head of the Institution  
Sri Lankan Embassy(consulate)in that country  
Local general Practitioner/ Attorney

### Note

please follow the date format (dd/mm/yyyy)

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

Hotline:0717412222  
Tel: +94 11 2691848  
Fax: +94 11 2691848  
Fax: +94 11 2674787  
Email; [info@slmc.gov.lk](mailto:info@slmc.gov.lk)  
website: [www.slmc.gov.lk](http://www.slmc.gov.lk)

# B

## AFFIDAVIT

I, (Name<sup>(1)</sup>.....)(ID Number.....)  
of<sup>(2)</sup>.....

being a <sup>(3)</sup>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<sup>(4)</sup> .....
- (3) I state that my SLMC Registration No. is .....
- (4) I state that I have never been convicted of any crime or any offense in Sri Lanka or any other country.
- (5) I state that I have not been charged with any criminal offense 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 offense on the grounds of unsoundness of mind or insanity.
- (7) I state that I have not settled any criminal charge/charges leveled against me entering into terms of settlement and/or paying compensation to the aggrieved party.
- (8) I state that there is no 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 with respect to my current or previous employment, where I have been 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 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 this .....Day of ..... 202... at .....

(5) .....

Before me

(6) .....

Justice of Peace/Commissioner for Oaths <sup>(7)</sup>

- (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 the oath, Justice of Peace.
- (7) Name and title of the person before whom the declaration is made.

## 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