

APPLICATION FOR A SLMC ID CARD

PHOTO
(PASSPORT
SIZE)

PHARMACIST

PLEASE FILL IN BLOCK CAPITALS (Use 01 cage for comma or dot.)

Category:

INITIALS AND LAST NAME : [Example: - **A.A. SILVA** ✓ A.A. Silva ✗ A.A.Silva ✗)

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SLMC REG. NO:

ADDRESS		Example
Line01		No 01 , AMANDA,
Line02		SANKAPALA ROAD,
Line03		PILIYANDALA,
Line04		HORANA.

NIC NO:

[Example: 858095132 V]

SIGNATURE:

DATE:

CONTACT NO

Please write in SLMC copy

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Example

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Line02																				SANKAPALA ROAD,
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NIC NO:

[Example: 858095132 V]

SIGNATURE:

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CONTACT NO

SLMC Identity Card

INSTRUCTIONS

Please **forward** the following: [**Please fill in Block Capitals**]

1. Both applications on the reverse duly completed and signed by the applicant.
2. The Original National Identity Card and one photocopy of the same.
3. The fee for 'Identity Card' is Rs. **760/-** 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 (ID)** were entered by the Banking Officer for future clarifications. The Bank Credit Slip (Green) should be attached with the application
4. **Two (2) recent Coloured Passport Size Photographs**. One should be pasted on the top right-hand side of the application
5. If you have lost the SLMC Identity Card that you have already obtained before, please submit a Police -Entry Report to the effect that your SLMC Identity Card has been lost.
6. If you are applying for an SLMC Identity Card due to damage of the previous card, you should return the old card when you collect the new Identity Card.

The Identity Card usually takes about 2 to 3 months' time, you will be informed by letter or by telephone when the card is ready.

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.
- They may request the SLMC to post, or courier documents to their SLMC registered addresses.
- 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

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Fax: +94112674787