



# APPLICATION FOR PROVISIONAL REGISTRATION TO ENLIST IN THE SPECIALIST REGISTRY

(UNDER SECTION 39 BA OF THE MEDICAL ORDINANCE)

## FOR OFFICE USE ONLY

**REG. NO.** .....

**DATE:** .....

**Registrar's approval:** .....

Please paste  
one (1)  
color **Passport**  
**Size** photograph

*(Fill in capital letters)*

1. Full Name:

2. Address in Sri Lanka:

3. Gender: Male / Female

4. NIC No: .....

Passport No.....

5. Citizenship:

6. Contact Telephone No/s:

7. Email:

**8. Primary qualification:**

- Name of qualification:
- Name of awarding institution:
- Date of award:
- Country:

**9. Primary registration:**

- Registration authority:
- Country:
- Registration No.
- Date of registration:
- Valid till:

**10. Qualifications to be considered for inclusion in the Specialist Registry**

- Specialty:
- Name of university/institution awarding specialist qualification:

- .....
- Date of award:
  - Country:

**11. Certification to be considered for inclusion in the Specialist Registry**

- a. Specialty:
- b. Name of university/institution awarding specialist certification (Board certification or equivalent):  
.....
- c. Date of award:
- d. Country:

**12. Status of registration as a specialist**

- a. Name of the registration authority:
- b. Country:
- c. Registration No.
- d. Specialty of Registration:
- e. Valid till:

**13. Experience** (attach a separate page if more space is needed)

**a. As a Medical / Dental Officer**

Place	From dd /mm/yyyy	To dd /mm/yyyy

**b. As a Medical / Dental Specialist**

Place	From dd /mm/yyyy	To dd /mm/yyyy

**14. Attach supporting documents (mark if attached)**

- ☐ Primary qualification
- ☐ Primary registration
- ☐ Specialist qualification
- ☐ Specialist certification
- ☐ Specialist registration
- ☐ Letters of experience as a Medical / Dental officer (non-specialist)
- ☐ Letters of experience as a specialist
- ☐ Declaration under Section 39 BA (Part II of the Second Schedule)
- ☐ Certificate of Good Standing
- ☐ Affidavit A
- ☐ Other (Specify) 1.....  
2.....

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

Date: .....

Signature of Applicant: .....

**SRI LANKA MEDICAL COUNCIL**

**DECLARATION FOR REGISTRATION AS A PROVISIONAL MEDICAL / DENTAL  
SPECIALIST**

\*Where the applicant holds the qualification specified in subsection (4) of section 39A

To be filled in CAPITAL LETTERS

I, .....

.....

of.....

.....

.....

(name and address of applicant) hereby declare as follows: -

I am the person named above who possesses the qualification specified in subsection (4) of section 39A and has applied for provisional registration as a medical / dental specialist under this Ordinance to obtain Board Certification issued by the Post Graduate Institute of Medicine as a prerequisite to register as a medical specialist under section 39B.

Signature of applicant .....

Declared before me on the .....day of .....

Justice of Peace/Commissioner for Oaths

## **PROVISIONAL REGISTRATION AS A MEDICAL/DENTAL SPECIALIST IN SRI LANKA**

### **INSTRUCTIONS**

#### **A. For filling the Application from**

1. **Full Name** – Please write your name as per the Board certificates and identity documents (Passport/NIC) If there is any discrepancy it should be supported with an Affidavit.
2. **Address** – Should provide a local address (for communication via post if required)
3. **Primary qualification** – The qualification which led to the primary registration of the applicant with a regulatory authority (**Eg. MBBS/MD**)
4. **Primary registration** – Details of the registration of the applicant as a non specialist medical / dental practitioner.
5. **Specialist qualification** – The qualification that make applicant is entitled to apply for specialist registration.
6. **Specialist certificate** – The certificate issued by an authorized entity as a specialist (Board Certificate or equivalent)
7. **Specialist registration** – The details of the registration as a specialist with an authorized regulatory authority
8. **Experience** – Please provide concise details of the places and the duration of work as a,
  - A. Non-specialist Medical/ Dental practitioner
  - B. Medical / Dental Specialist
9. Please attach all available supporting documents and mark in the application.

#### **B. Please forward the following original documents with A4 size photocopies at the time of handing over the applications to SLMC**

1. The application form is duly completed and signed by the applicant
2. Declaration for registration as a provisional medical / dental specialist (attached with the application)
3. Affidavit A
4. Letters of experience
  - a. As a Medical / Dental officer
  - b. As a Medical / Dental Specialist
5. Primary Registration Certificate
6. Certification as a specialist
7. Certificate of dual citizenship (if applicable)
8. Original National Identity Card & Passport
9. Payment receipt

### C. Payment Instructions

#### Local Payment Details (Rs. 16,500/-)

<b>Bank:</b> Bank of Ceylon	<b>Branch:</b> Maradana	<b>A/C No:</b> 0000371208
<b>Reference Code:</b> NIC / PP NO.	<b>Payment Category:</b> SR foreign	

#### International Payment Details (USD 55 excluding bank charges)

<b>A/C Name -</b> Sri Lanka Medical Council	<b>Bank:</b> Bank of Ceylon	<b>Branch:</b> Maradana, Sri Lanka	<b>A/C:</b> Savings Account
<b>A/C No:</b> 9999605	<b>Bank Code:</b> 7010	<b>Branch Code:</b> 041	<b>Swift Code:</b> BCEYCLKX

**Note:** Please follow the date format **dd/mm/yyyy**

1. Direct deposit to the bank **(Green Slip to be attached to the application)**
2. Online transfers **(PDF payment receipt received from the bank to be attached)**

**Important: You must enter your NIC / Passport Number and the payment category (Ex: xxxxxxxx -SR foreign) as a reference for your transaction.**

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

Hotline: 071-7412222 /070-2538494  
[Email: reg.specialist@slmc.gov.lk](mailto:reg.specialist@slmc.gov.lk)  
website: [www.slmc.gov.lk](http://www.slmc.gov.lk)

Updated on 06.06.2025