

SUBMISSION OF DOCUMENTS FOR SLMC REGISTRATION

SLMC Full Registration for Intern Dental Officers who will be completing their internship on 17.06.2025

INSTRUCTIONS

Document submission dates will be given later after completion of your internship. This notice is published for you to get your documents ready.

Please keep to below documents ready

Please arrange the documents according to the following order before submitting to the counter.

1. Application Form certified by a J.P. (Form B)
2. Three Passport size recent color photographs. (One Should be certified by a J.P.)
3. Payment slip - (Thermal print (ATM Machine) payments are not acceptable. (All payment should contain a remark – DFR xxxxxxxxxx (Applicant NIC No)

Bank: Bank of Ceylon	Branch: Maradana (Branch Code 41)	A/C No: 0000371208
Reference Code: NIC Number	Payment category: DFR	Rs. 10,500/- (Non-Refundable)

4. Degree certificate (Original+ an A4 size Photocopy)
5. National Identity Card (Original+ a Photocopy - both sides should be printed on one side of a A4 page)
6. Birth certificate (Original+ an A4 size Photocopy)
7. Provisional Registration Certificate (Original+ Photocopy)
8. Character Certificate (Form D)
9. Affidavit B (attached below)
10. Form A
11. Progress Report- OMF 1, OMF 2, Restorative Dentistry, Orthodontics (SLMC Copy)
12. Internship Certificate (Form C)
13. Identity card Application -New format -2 copies (attached below)

*** Please note that any alteration/modification on your internship certificate such as erased or altered or tippexed will not be accepted. (Only a clear copy of the internship certificate is accepted) ***

INSTRUCTIONS FOR PRINTING THE EVALUATION BOOK

Evaluation book for internship (Dental) can be downloaded at the following link:

<https://slmc.gov.lk/en/education/internship>

Please follow the below instructions when taking the printout:

1. Please ensure to download the latest updated versions of the internship forms from the SLMC official website, old versions are not accepted.
2. **Form A** should be printed as a single page document and the reverse side should be kept blank.
3. Every progress report should have "Reported commendable events" page on the reverse page. (Only Progress Report- OMF 1, OMF 2, Restorative Dentistry, Orthodontics (SLMC Copy) should be submitted during registration)

4. Form C is considered as a single document where **PART A & Part B** should be printed on both sides of a single paper. (PART A front page & PART B on reverse) and **Part C** should be printed as a single page document and the reverse side should be kept blank.
[Part A & B printed in Separate sheets **are NOT accepted** and any **alignment issues** in FORM C is **NOT accepted**]
5. **Do not fill the PART D of the Form C**
6. **Form D** should be printed as a single page document and the reverse page should be kept blank.
7. The application for SLMC ID Card should be printed as a single document and the reverse should be kept blank.

IMPORTANT NOTE

1. **Signatures and Seals Required:**

- **Form C-Part A:** Must contain both the consultant's and the director's signature and seal (2 signatures, 2 seals).
- **Form C-Part B:** Must contain both the consultant's and the director's signature and seal (2 signatures, 2 seals).
- **Form C-Part C:** Must contain both the consultant's and the director's signature and seal (2 signatures, 2 seals).

2. **Please make sure that the dates provided in form "C" are correct and match up with each other (i.e., the starting and ending dates).**

3. **Document Submission:**

Document submission dates will be notified later via a web notice.

Note

✓ Please [click here](#) for login to your the SLMC online account and select the Change Membership & Dental Surgeon.

✓ Any other system-related queries please send a WhatsApp msg with your Name, Phone number, PR number, and NIC number to **071-2632567**

Any Technical Assistant please contact 071-6355731

Registrar

13.06.2025

-/ds

DOCTOR

(PASSPORT SIZE)

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

SECTION: 43

INITIALS AND LAST NAME:

[illegible]

SLMC NO:

--

QUALIFICATIONS: **BDS (PERADENIYA)**

[illegible]

ADDRESS:

[illegible]

NIC NO:

[illegible]

SIGNATURE:

--

DATE:

--

CONTACT NO:

B

AFFIDAVIT

I, (Name⁽¹⁾)(ID Number.....)

of⁽²⁾

being a ⁽³⁾ 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⁽⁴⁾

(3) I state that my SLMC Registration No. is

(4) I state that I have never been convicted of any crime or any offence in Sri Lanka or any other country.

(5) I state that, I have not been charged with any criminal offence 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 offence on the grounds of unsoundness of mind or insanity.

(7) I state that I have not settled any criminal charge/charges levelled against me entering into terms of settlement and/or paying compensation to the aggrieved party.

(8) I state that there is no any 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 in respect to my current or previous employment, where I have 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 on 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

(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 decant on Rs. 50 stamp

FORM C

CERTIFICATE OF EXPERIENCE
INTERNSHIP CERTIFICATE (DENTAL)

The Director of the Hospital in which the first period of the Internship has been served should complete Part A, before the second part of the internship is to be served. If the second /third part of the internship is done in the same Institution, the form should be retained by the Medical Director /MS/DMO concerned and forwarded to the Registrar, Sri Lanka Medical Council on the day following the completion of the full internship together with the Application specified by the Medical Ordinance (Chapter 105), Medical (Amendment) Act No 16 of 1965 and Medical (Amendment) Act No. 1 of 2017.

PART A

I, certify that

.....

(Full Name in Block Capitals)

of (Hospital Address)

(Permanent Address)

.....

has satisfactorily completed a recognized appointment as a resident intern in the field:

.....

(Name of Speciality: Oral & Maxillofacial Surgery / Restorative Dentistry / Orthodontics)

For the period of six / three months from:

to :

in terms Section 43 A (3)(a) of Medical Ordinance (Chapter 105) and Medical (Amendment) Act No. 1 of 2017.

.....

Name of the Consultant with
Qualifications

.....

Signature of Consultant & Date

Rubber Stamp of the Consultant (Seal)

.....

Name of the Director of the Hospital

.....

Institution

.....

Signature of Medical Director
& Date

Rubber Stamp of the Director (Seal)

PART B

I, certify that

.....
(Full Name in Block Capitals)

of (Hospital Address)

(Permanent Address)

.....
has satisfactorily completed a recognized appointment as a resident intern in the field:

.....
(Name of Speciality: Oral & Maxillofacial Surgery / Restorative Dentistry / Orthodontics)

For the period of six / three months from:

to :

in terms Section 43 of Medical Ordinance (Chapter 105) and Medical (Amendment) Act No. 1 of 2017.

.....
Name of the Consultant with
Qualifications

.....
Signature of Consultant & Date

Rubber Stamp of the Consultant (Seal)

.....
Name of the Director of the Hospital

.....
Institution

.....
Signature of Medical Director
& Date

Rubber Stamp of the Director (Seal)

On completion of the third part of the internship (**Part C**), this certificate should be duly perfected and handed over to the Registrar, Sri Lanka Medical Council with the application for Full Registration.

PART C

I, certify that

(Full Name in Block Capitals)

of (Hospital Address)

(Permanent Address)

has satisfactorily completed a recognized appointment as a resident intern in the field:

(Name of Speciality: Oral & Maxillofacial Surgery / Restorative Dentistry / Orthodontics)

For the period of six / three months from:

to :

in terms Section 43 of Medical Ordinance (Chapter 105) and Medical (Amendment) Act No. 1 of 2017.

.....
Name of the Consultant with
Qualifications

.....
Signature of Consultant & Date

Rubber Stamp of the Consultant (Seal)

.....
Name of the Director of the Hospital

.....
Institution

.....
Signature of Medical Director
& Date

Rubber Stamp of the Director (Seal)

PART D

I am satisfied that Dr. has
fulfilled the conditions required by in terms Section 43 A (3)(a) of Medical Ordinance (Chapter 105)
and Medical (Amendment) Act No. 1 of 2017.

Date :

.....
REGISTRAR
SRI LANKA MEDICAL COUNCIL