

SRI LANKA MEDICAL COUNCIL

Examination for Registration to Practise Medicine

ERPM PARTS – B and C - March/ April 2022

Applications are called for:

- **ERPM Part B – (Clinicals)**
- **ERPM Part C – (Emergency Viva voce)**

These examinations will be conducted at the Teaching Hospitals attached to the Medical Faculties of the state Universities in Sri Lanka.

The application should be handed over by the applicant in person at the SLMC Office on working days from **9.30 a.m to 1.00 p.m** from **Monday 07th February 2022 to Tuesday 15th February 2022**. (Late applications deviating from the above dates and times will NOT be accepted)

Eligibility to sit ERPM Part B and ERPM Part C :

Candidates who have completed Part A of ERPM as Medical Track (Medicine, Paediatrics) and/or Surgical Track (Surgery, Obstetrics & Gynaecology)

Note:

1. ERPM Part B: Prospective candidates should apply subject wise for Medicine, Paediatrics, Surgery, Obstetrics & Gynecology.
2. ERPM Part C: Prospective candidates should apply Track wise as Medical and Surgical Track.
3. All candidates are instructed to sit all the subjects of ERPM part B and Track of ERPM part C if they are qualified to sit those Subjects/Tracks and have not yet passed. Failing to do so will be counted as an attempt at that Subject/Track in the calculation of the merit order.

For further details refer to web site: <https://slmc.gov.lk/en/examinations/erpm>

Registrar
Sri Lanka Medical Council
31, Norris Canal Road, Colombo 10.
Telephone: 011-5623659/ 011-2691848

SRI LANKA MEDICAL COUNCIL

SPECIAL EXAMINATION UNDER ACT 16 OF 1965 AND SECTION 29(i)(ii)(cc) AND SECTION 29 (2)(b)(iii)(cc) OF THE MEDICAL ORDINANCE.

EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM) IN SRI LANKA PART B AND PART C

REG. NO

APPLICATION – MARCH / APRIL 2022

FILL ALL THE CAGES (USE BLOCK CAPITALS)

APPLICATION ACCEPTED FROM 07TH FEBRUARY 2022,
9.30 A.M TO 1.00 P.M. ON WEEK DAYS. LAST DATE FOR
ACCEPTING APPLICATION IS 15TH FEBRUARY 2022.

PASTE RECENT PHOTOGRAPH (GOOD QUALITY MATT PAPER)

PERSONAL DETAILS

- (a) FULL NAME:
.....
(b) PREVIOUS NAMES IF ANY:
- PERMANENT ADDRESS:
.....
(All correspondence will be sent to this address)
- NIC NO:..... DATE OF BIRTH:..... GENDER: MALE / FEMALE
- MOBILE NO:..... RESIDENCE (TEL) :
EMAIL ADDRESS : PASSPORT NO(S):
- (a) MEDICAL SCHOOL/UNIVERSITY AND COUNTRY:
.....
(b) DEGREE/DIPLOMA:..... YEAR OF QUALIFYING:
(c) DATE OF DEGREE APPROVAL:..... DATE OF ERPM REGISTRATION:

ERPM PART B - APPLY SUBJECT WISE

SUBJECT	SIGNATURE
MEDICINE	
PAEDIATRICS	
SURGERY	
OBSTETRICS & GYNAECOLOGY	

ERPM PART C - APPLY TRACK WISE

EMERGENCY MEDICINE (VIVA VOCE SECTION)	SIGNATURE
MEDICAL TRACK	
SURGICAL TRACK	

.....
SIGNATURE OF APPLICANT
(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

INSTRUCTIONS TO CANDIDATES

1. Candidates **should apply** for all subjects of ERPM Part B and Part C **NOT** passed in previous examinations.
2. Please forward **two (2) recent unedited colour photographs (size 3 cm x 2.5 cm) of the applicant with frontal view of the face against a white background on good quality matt paper.** (Any other size or form would not be accepted). One photograph is to be pasted on the application form by the candidate and the other photograph would be included in the admission Card.
3. **The ERPM Registration Card, Passport, Degree Approval Letter, National Identity Card submitted for perusal at the time of submission of the application.**
4. **TWO self-addressed envelopes – 4 inches x 9 inches are to be submitted** to receive the Admission Card, the Registration Card, instructions and the results. One envelope should be stamped to the value of **Rs. 70/-** and other for **Rs. 45/-**.
5. Time Table, Admission Card and the instructions regarding the exam will be sent to each candidate by registered post, before the examination.

FILLING THE APPLICATION FORM

- a) Applications should be legibly written in English by the Applicant in his/her own handwriting.
- b) You should write the surname, other names and initials as they appear in your passport and the certificate of Approval of your Degree. If you have changed your name, please produce documentary proof (e.g. Marriage Certificate).
- c) Incomplete applications will be rejected
- d) No applications will be accepted after 1.00 p.m. on the closing date
- e) Applications could be withdrawn with stated reasons in writing before the closing date and time of the application. On the withdrawal of the application, the fees would be refunded only if it is due to medical reasons for withdrawal and if it is supported by a medical certificate.
- f) Fees would not be refunded for rejected applications. A processing fee of 25% would be levied at the discretion of the SLMC.
- g) **Applications must be handed over personally by the applicant only and he/she should sign the register maintained at the office for that purpose. Other persons should not accompany the applicant.**
- h) **Overseas Candidates:** If the candidate is residing outside Sri Lanka, the application should be sent before the closing date and time for receipt of applications at the SLMC with a certificate of attestation by an Authorised Officer of the Sri Lanka High Commission or Embassy/ Attorney at law/ Notary Public/ Solicitor of the country of temporary residence on the form 'Declaration by the Applicant' supplied by the Council (which can be downloaded from the website). The application form should be scanned sent by e -mail <examination@slmc.gov.lk> directly to Sri Lanka Medical Council before the closing date and time for receipt of applications. The original copy of the documents sent by courier/post should reach the SLMC within one week from the closing date and bank slip or online payment details should reach the SLMC before the closing date.

APPLICATIONS WILL BE ACCEPTED FROM 9.30 A.M. TO 1.00 P.M ON WEEK DAYS FROM 07TH FEBRUARY 2022 TO 15TH FEBRUARY 2022. APPLICATIONS WILL NOT BE ACCEPTED AFTER 1.00 P.M. ON 15TH FEBRUARY 2022.

Registrar,
Sri Lanka Medical Council
31, Norris canal Road, Colombo 10.

Telephone Nos.: 2691848/5623651/ 0716355771 Fax: 0094112674787

DATA SHEET

NAME:

REG. NO:.....

PREVIOUS EXAM PERFORMANCE

(ON COMPLETION OF ERPM PARTS A, B, C AND D THIS INFORMATION WOULD BE USED TO DETERMINE THE ORDER OF MERIT)

ERPM PART A

INDICATE THE SUBJECTS PASSED IN ERPM PART A

SUBJECTS	YEAR	MONTH	INDEX NO
MEDICINE (PAPER 1)			
PAEDIATRICS (PAPER 2)			
SURGERY (PAPER 3)			
OBSTETRICS & GYNAECOLOGY (PAPER 4)			
PSYCHIATRY (PAPER 5)			

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART A

ERPM PART B

INDICATE THE SECTION PASSED IN ERPM PART B (BEFORE JUNE 2014)

SECTION PASSED	YEAR	MONTH	INDEX NO
CLINICAL SECTION (MED. + PAED. + SURG. + OBST. & GYNAE.)			

INDICATE THE SUBJECTS PASSED IN ERPM PART B (FROM JUNE 2014)

SUBJECTS	YEAR	MONTH	INDEX NO
MEDICAL TRACK	MEDICINE		
	PAEDIATRICS		
SURGICAL TRACK	SURGERY		
	OBSTETRICS & GYNAECOLOGY		

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART B

ERPM PART C

INDICATE THE SECTION PASSED IN ERPM PART C (**BEFORE JUNE 2014**)

EMERGENCY MEDICINE (VIVA VOCE)	YEAR	MONTH	INDEX NO
EMERGENCY MEDICINE			

INDICATE THE SECTIONS PASSED IN ERPM PART C (**FROM JUNE 2014**)

EMERGENCY MEDICINE (VIVA VOCE SECTION)	YEAR	MONTH	INDEX NO
MEDICAL TRACK			
SURGICAL TRACK			

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART C

ERPM PART D

INDICATE THE SUBJECTS PASSED IN ERPM PART D (**BEFORE MARCH 2014**)

SUBJECT	YEAR	MONTH	INDEX NO
COMBINED PAPER (COM. MED./PATH/FOR.MED)			

VIVA VOCE	YEAR	MONTH	INDEX NO
COMMUNITY MEDICINE			
FORENSIC MEDICINE			

OPTION 1 (VIVA)	YEAR	MONTH	INDEX NO
COMMUNITY MEDICINE			
FORENSIC MEDICINE			

OPTION 2 (10 MCQs)	YEAR	MONTH	INDEX NO
COMMUNITY MEDICINE			
FORENSIC MEDICINE			

INDICATE THE SUBJECTS PASSED IN ERPM PART D (**FROM MARCH 2014**)

SUBJECT	YEAR	MONTH	INDEX NO
COMMUNITY MEDICINE (PAPER 5)			
FORENSIC MEDICINE (PAPER 6)			

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART D

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND I HEREBY AGREE TO ABIDE BY THE RULES OF THE EXAMINATION.

.....
SIGNATURE OF APPLICANT
(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

ERPM PART B AND PART C - PAYMENTS

The fees could be paid at any branch of the Hatton National Bank. The paying – in –slip given by the bank (yellow slip) should be attached to the application after payment.

If you are paying via online it is essential to mention below details. If those information not mention in the remittance advice your payment will be rejected.

1. NIC no
2. Mention the word “ERPM Part B and Part C – March / April 2022”

CHEQUES WILL NOT BE ACCEPTED BY THE COUNCIL

ERPM PART B (CLINICAL SECTION)	AMOUNT
MEDICINE	RS.17,500/-
PAEDIATRICS	RS.17,500/-
OBSTETRICS & GYNAECOLOGY	RS.17,500/-
SURGERY	RS.17,500/-
ERPM PART C (EMERGENCY MEDICINE) VIVA VOCE	
MEDICAL TRACK	RS. 10,000/-
SURGICAL TRACK	RS. 10,000/-

Please Credit to **A/C No: 003010153598**, Sri Lanka Medical Council, Hatton National Bank, Darley Road, Branch, Colombo 10.

DECLARATION BY THE APPLICANT
(Candidates residing outside Sri Lanka)

I.....
(Name & Address of the person making the declaration)

DO SOLEMNLY AND SINCERELY DECLARE THAT

* I am the person applying to sit **ERPM Part A / Part B (Act -16)** Examination for Registration to Practice Medicine in Sri Lanka to be held in Colombo by the Sri Lanka Medical Council in 20....
(month)

* I am at present residing in
(City & Country)

* I hereby state that the statement made and information given in the application form submitted herewith and the copies of the Passport and the National Identity Card/Driving License are true and complete.

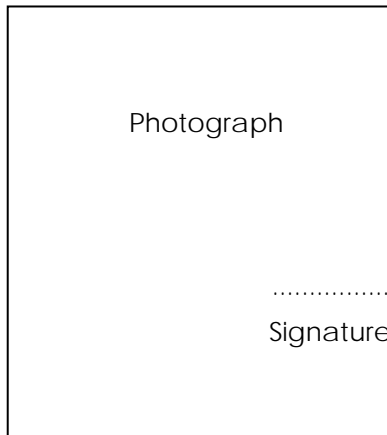
* I am aware that I have to be present by myself at the Sri Lanka Medical Council to sign and collect the admission card and the other documents before I am permitted to sit the examination.

Signature of the person making the declaration :.....

Declared at..... on the.....day of..... 20...
(city/ country)

Before me

.....
(Name in block capitals, Address, Title and the Signature of the person before whom the declaration is made.)



.....
Signature of the applicant

.....
Rubber Stamp/Seal

I certify that photograph shown above is a true photograph of who placed her/ his signature before me. (name of the declarant)

.....
Date

.....
Signature of the person before whom the declaration is made.

Place
City/ Country