

FORM B
APPLICATION FOR FULL REGISTRATION AS DENTAL SURGEON

OFFICE USE ONLY
REG. NO:.....

SRI LANKA MEDICAL COUNCIL
DECLARATION FOR REGISTRATION AS DENTAL SURGEON

Only those who hold Degree of Bachelor of Dental Sciences or equivalent qualification
recognized by the Sri Lanka Medical Council under section 43 (1A) could apply for registration.

PLEASE FILL THE FORM IN BLOCK CAPITAL LETTERS

FULL NAME :

.....

MAIDEN NAME :

.....

(Name before Marriage – Females only)

ADDRESS :

.....

DEGREE OBTAINED B.D.S. OR D.M.D. :

NAME OF UNIVERSITY / DENTAL FACULTY :

.....

N.I.C No : **DATE OF BIRTH** :

PROVISIONAL REGISTRATION NO :

CONTACT TELEPHONE NO : (Residence) **MOBILE NO** :

E-MAIL ADDRESS :

.....
DATE

.....
SIGNATURE OF APPLICANT

.....
Signature & Stamp (Seal) of Justice of Peace (J.P.) or Commissioner of Oaths

INSTRUCTIONS

Please forward the following:-

1. The duly completed application form attested by a Justice of Peace (JP).
2. The enclosed SLMC payment voucher certified by the bank for sum of Rs. 6000/= paid to any branch of the **Bank of Ceylon** to the SLMC Account No. **0000371208** and customer's copy of the payment slip of the Bank of Ceylon.
3. One (1) recent passport size (colour) photograph on good quality matt paper taken within three months and certified by the Justice of Peace (JP) on the reverse.
4. Original and one (1) photocopy of the Degree Certificate issued by the Faculty of Dental Sciences of your University (The original degree certificate will be returned to you after it is certified by the SLMC). **No certified copies will be accepted.**
5. Original and one (1) photocopy of your Birth Certificate (Original Birth Certificate will be returned to you after it is certified by the SLMC).
6. The completed Certificate of Experience (Certificate of Internship (Dental)) - Original only.
 - a) Those who have gone on Maternity Leave during the period of internship employment should produce a copy of the child's birth certificate (Original and a Photocopy) and a letter from the Director/Head of the Institution/Hospital certifying the period of maternity leave with the approval from the Director General Health Services. (Vide page 22, 21 of Guidelines for Internship)
 - b) Please ensure that the dates of three appointments do not overlap with each other. The date of commencement of the subsequent appointment should be on the day after conclusion of the previous appointment. Any alteration of dates in the internship certificate will not be accepted by the SLMC.
7. The Medical Practitioner's Oath should be signed in the presence of the Registrar and one copy of the oath will be returned to you.
8. The enclosed Certificate of Good Character should be duly completed by the Head of Medical Institution, where employed for the internship or the Medical Consultant of the Ministry of Health or University.
9. The full registration is done according to the name on the Degree Certificate. If the name stated on the degree certificate is incorrect it should be corrected before applying for registration.
10. It usually takes six weeks for the Certificate of Registration to be ready. When collecting the registration certificates it is mandatory to handover the Provisional Identity Card issued by the SLMC. You should sign the ledger and collect the certificate of Registration and Identity Card personally. It will not be posted and it will not be handed over to any other person. Exceptional situation will be dealt with by the SLMC only after due consideration.

Registrar
SRI LANKA MEDICAL COUNCIL
31, NORRIS CANAL RD
COLOMBO 10
15th February, 2018

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