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