FORM D

Character Certificate

(To be submitted to the Sri Lanka Medical Council for the purpose of registration as a Dental Surgeon by the Medical Ordinance (Chapter 105) and Medical (Amendment) Act No. 1 of 2017.)

I, ...

(Full name of person certifying)

of (Address) : .....

.....

Certify that (Full name of applicant) : .....

.....

is known to me personally and I am aware that he/she is seeking Full Registration as Dental Surgeon with the Sri Lanka Medical Council.

I certify that he / she is of Good Character.

Date : .....

.....

Signature

(Rubber Stamp / Seal)

Designation: .....

.....