

**SLMC Full Registration for Intern Medical Officers who will be completing their internship on 03.07.2025**

I wish to request the IMO to be present at the University of Colombo, Faculty of Medicine UCFM Tower, First Floor (Meeting Room- 01) on 14, 15 & 16 of JULY 2025 according to the interview slots obtained by the individual applicants.

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

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

- \* 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) \***

1ST SIX MONHTS	04.07.2024
	03.01.2025

2ND SIX MONTHS      04.01.2025  
03.07.2025

## **INSTRUCTIONS FOR PRINTING THE EVALUATION BOOK**

Evaluation book (Evaluation certificate for internship) 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 blank.
3. Every progress report should have "Reported commendable events" page on the reverse page. (Only Progress Report-1,2,3, 4 (SLMC Copy) should be submitted during registration)
4. Form B should be printed as a single page document and the reverse page should be blank.
5. 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) - Part A & B printed in Separate sheets **are NOT accepted** and any **alignment issues** in FORM C is **NOT accepted**
6. Form D should be printed as a single page document and the reverse page should be blank.
7. The application for SLMC ID Card should be printed as a single document and the reverse should be blank.

## **FAQ**

### **FR Document submission - Internship copy (FORM C)**

1. **Can I get part A in one paper and part B in another paper (2 separate papers) ?**
  - No. Form C is a single document. Both Part A and Part B should be on the same document, with Part A on the front page and Part B on the reverse side.
2. **Can I submit two separate papers and paste them together ?**
  - No. Pasted documents are not accepted.
3. **Can I alter Form C ?**
  - No. Any alterations in Form C are not accepted.
4. **Can I fill out the form in simple letters ?**
  - Yes, you can fill out the form in simple letters, but do not make any alterations. Ensure that all spellings are correct.
5. **Can I write my name with initials in Form C ?**
  - No. Your full name is required.
6. **What name should I write in Form C ?**
  - Write the name as it appears on your degree certificate. Follow the same name order.
7. **What should I write in the Official Address section?**
  - Write the name of the hospital where you did your internship.
8. **What should I write in the Permanent Address section?**
  - Write your present/contactable home address.
9. **Is it mandatory for me to visit in person on the given date to submit the application?**
  - Yes.

### **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).

**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:**

- Please submit your documents according to the interview slots obtained by you.

### **Note**

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

✓ 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**

**30.06.2025**

-/mm



# B

## AFFIDAVIT

I, (Name<sup>(1)</sup>.....) (ID Number.....)  
of<sup>(2)</sup>.....

being a <sup>(3)</sup> 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<sup>(4)</sup> .....

(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

(6) .....

Justice of Peace/Commissioner for Oaths <sup>(7)</sup>

(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 declarant on Rs. 50 stamp

(6) Signature of person before whom the declaration is made, Commissioner of oath, Justice of Peace.

(7) Name and title of the person before whom the declaration is made.

## FORM C

### CERTIFICATE OF EXPERIENCE

#### INTERNSHIP CERTIFICATE

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 part of the Internship is in the same Institution, the form should be retained by the Medical Director concerned and forwarded to the Registrar, Sri Lanka Medical Council, on the day following the date of completion of the full Internship together with the appropriate form of declaration specified by the Medical Ordinance (Cap. 105) and in Section 9 of the (Amendment) Act No.16 of 1965 by the person who is applying for full registration.

#### PART "A"

I, certify that

.....  
.....

(Full Name in block Letters)

of official Address .....

.....

Permanent Address .....

.....

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

.....

(name of specialty)

For the period of Six (6) Months from : .....

To : .....

In terms of Section 32 of the Medical Ordinance (Cap. 105)

.....

Name of Consultant with

Qualifications Rubber Stamp (Seal)

Official Designation

Signature of Consultant

.....

Name of Medical Director

Rubber Stamp (Seal)

.....

Institution

.....

Signature of Medical

Director and Date

On completion of the second half of the Internship, the Medical Director concerned should forward this form duly prefected to the Registrar Sri Lanka Medical Council together with the declaration form already referred to.

### **PART "B"**

I, certify that (Full Name of Intern in block letters) .....

.....

of Official Address.....

Permanent Address .....

.....

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

(name of Specialty) .....

for the period of Six (6) months from :.....

to :.....

in terms of Section 32 of the Medical Ordinance (Cap.105)

.....

Name of Consultant with  
Qualifications Rubber Stamp (Seal)

.....

Official Designation

.....

Signature of Consultant

.....

Name of Medical Director  
Rubber Stamp (Seal)

.....

Institution

.....

Signature of Medical  
Director and Date

Office use

### **PART "C"**

I a m satisfied that Dr.....has fulfilled  
the conditions required by Section 32 of the Medical Ordinance.

.....

Date

.....

Registrar  
Sri Lanka Medical Council