Application for certificate of Good Standing

(Confirmation of registration particulars)

NIC No

Please read the instruction before filling the application

Full Name

Name with Initials

Address		Other information	
House No.		Mobile Telephone No.	
Street		Home Telephone No.	
City 1		Email address	
City 2		Citizenship	
Province		Passport No	

Registration Information

Registration Category | Registration No

Please Specify any verification agency to forward the CGS

Email Address

Disciplinary Inquiries Before

☐ Preliminary Proceeding Committee ☐ Professional Conduct Committee

☐ I am Sri Lankan citizen .I certify that I have provided correct Information and bears good moral character and not involved in any criminal activity.

Signature Date

For office use	Date	Reg.No	Registrar's Approval

Instructions

Who can apply ?

Sri Lankan Citizen

A person of good character

Fee to Pay Via Online

Payment category : Certificate of Good Standing	Fee : 10,000/-

Payment Mode

The SLMC only accepts payments via SLMC Online Payment Gateway.
Visit to the SLMC Website Home Page: www.slmc.gov.lk. Select **"Online Payment"** to proceed.

Online Payment Gateway in SLMC Website (**Link:** https://eservices.slmc.gov.lk/online-payment/ECGS)

Required Documents to Submit via Email: applications@slmc.gov.lk

1. Duly furnished application
2. Affidavit
3. Payment slip in PDF Format

The certificate will be issued within 02 working days.

Registrar
SRI LANKA MEDICAL COUNCIL
No. 31, Norris Canal Road
Colombo 10

B

AFFIDAVIT

I,(Name[1]……..)(IDNumber……)
of[2]……

being a [3]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[4] ……..

(3) I state that my SLMC Registration No. is ……

(4) I state that I have never been convicted of any crime or any offense in Sri Lanka or any other country.

(5) I state that I have not been charged with any criminal offense 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 offense on the grounds of unsoundness of mind or insanity.

(7) I state that I have not settled any criminal charge/charges leveled against me entering into terms of settlement and/or paying compensation to the aggrieved party.

(8) I state that there is no 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 with respect to my current or previous employment, where I have been 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 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 **(7)**

(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 decrant on Rs. 50 stamp
(6) Signature of person before whom the declaration is made, Commissioner of the oath, Justice of Peace.
(7) Name and title of the person before whom the declaration is made.

Sri Lanka Medical Council

Nominating a Person to Collect Documents

Only SLMC registrants having an SLMC ID card can be nominated to collect certificates and ID cards on behalf of the registrants.

Registrant's details

Category:

Registration No.:

Name:

Nominated person's details

Category:

Registration No.:

Name:

Description of documents to be collected

1.

2.

3.

I am authorizing the above-nominated person to collect the above documents on my behalf. I know Sri Lanka Medical Council will not be responsible for any loss or damage of documents after collection from SLMC.

Signature of the proposer

Date:

Signature of the nominee

Please attach the nominated person's photocopy of the SLMC ID card. No document will be issued without the SLMC ID of the nominee.

To be completed at the time of collecting documents from SLMC

I have received the undamaged documents listed above and will be handing them to the proposer as soon as possible.

Signature of the nominee

Date

Initials of the SLMC staff

Instructions

- The Sri Lanka Medical Council advises the registrants to collect their documents from the SLMC Office.
- They may rquest the SLMC to post, or currier documents to their SLMC registered addresses.
- Under exceptional circumstances, the registrants may nominate an SLMC registered person to collect their documents on their behalf by furnishing this nomination form.
- The SLMC is not responsible for lost or damaged documents once dispatched or handed over.
- The SLMC will not replace lost or damaged documents.
- The SLMC would issue duplicates or extracts of lost or damaged documents, whichever is applicable.

Registrar

Sri Lanka Medical Council
31 Norris Canal Road
Colombo 10
Website: www.slmc.gov.lk
Email: Info@slmc.gov.lk