



Application for Registration as Professional Supplementary to Medicine

Certified Color
photograph
Passport Size

Please read the instruction before filling the application

NIC No

Category

Full Name

Name with Initials

Gender

☐ Male

☐ Female

Date of Birth

Address

Other information

House No.

Mobile Telephone No.

Street

Home Telephone No.

City 1

Email address

City 2

Citizenship

Province

Passport No

Do you have any other registration with the SLMC ?

☐ Yes

☐ No

If yes, Registration No

Category

Declaration

☐ I am the person named *
in the certificate of proficiency as a

** issued by the college council now produce and shown to me
and marked A. Further, I declare that I have provided correct
information and bear good moral character and not involved in
any criminal activity and no legal cases pending or concluded
against me.

Declared before me this day of

Seal

Signature of the applicant

Signature of the Justice of the peace or
Commission for Oath

Certification by the Ceylon Medical college Council

☐ I certify that a Certificate of
Proficiency has been issued by
the CMCC

Registrar CMCC Signature

Seal

For office Use

Date

Reg.No

Registrar's approval

Instructions

Who can apply?

1. A person of good character
2. Only those who hold a Certificate of Proficiency from the Ceylon Medical College Council

Fees paid to the bank or via online

Bank: Bank of Ceylon	Branch: Maradana(Branch Code 41)	A/C No: 0000371208
Reference Code: NIC Number	Payment Category :PSM	Fee:4400/-

Payment Instructions.

Payment Modes

1. Direct deposit to the bank(Green Slip is essential)
2. Online transfers(Online Payment slip received from the bank)
3. Paying through Cash Deposit Machine(Original thermal slip is essential)

Important :

As the reference for the transaction, you must enter your NIC Number and the Payment Category (Ex- 808590391V -CGS). If those information is not included in the online slip, the payment will be rejected.

Documents

Duly completed application (attested by CMCC and JP)	☐	One (1) color photograph (certified by JP) (Passport Size)	☐
The original certificate of proficiency issued by CMCC and photocopy(A4 Size)	☐	Two (2) color photographs (Passport Size)	☐
Duly completed SLMC ID card application signed by the applicant	☐	NIC original and a photocopy	☐
Affidavit	☐	Payment Slip	☐

Note

* In the declaration please type your name as in the Ceylon Medical College Council Certificate

** The Profession stated in the Ceylon Medical College certificate please follow the initial

The Registration Certificate and the SLMC ID card will be issued only on Mondays.

date format (dd/mm/yyyy)

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

Hotline:0717412222
Tel: +94 11 2691848
Fax: +94 11 2691848
Fax : +94 11 2674787
Email ; info@slmc.gov.lk
website: www.slmc.gov.lk



PSM

PLEASE FILL IN BLOCK CAPITALS (use 01 cage for comma or dot.)

CATEGORY

INITIALS AND LAST NAME:

[illegible]

SLMC NO:

--

ADDRESS:

[illegible]

NIC NO:

[illegible]

SIGNATURE:

--

DATE:

--

CONTACT NO:

--

PHOTO

(PASSPORT SIZE)



PSM

PLEASE FILL IN BLOCK CAPITALS (use 01 cage for comma or dot.)

CATEGORY

--

PHOTO

(PASSPORT SIZE)

INITIALS AND LAST NAME:

[illegible]

SLMC NO:

--

ADDRESS:

[illegible]

NIC NO:

[illegible]

SIGNATURE:

--

DATE:

--

CONTACT NO:

--

A

AFFIDAVIT

I, (Name⁽¹⁾)(ID Number)
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.

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

(4) 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.

(5) I further state that I have not been acquitted of an offence on the grounds of unsoundness of mind or insanity.

(6) 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.

(7) 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.

(8) I understand that I am fully responsible for the contents of this declaration and its truthfulness.

(9) 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.

(10) 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 which should be 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 the oath, Justice of Peace.

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