

SRI LANKA MEDICAL COUNCIL

EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM)

PART A & PART D – OCTOBER 2026 (OLD FORMAT)

PART I – OCTOBER 2026 (NEW FORMAT)

The Sri Lanka Medical Council will receive applications for the above examinations from **07th September to 18th September 2026 from 9.00 a.m. to 1.00 p.m.** The application forms can be obtained from the SLMC website. The receipt of applications will close **on 18th September 2026, at 1.00 p.m. (Sri Lanka time)**. Examination is scheduled to be held from 20th October to 29th October 2026 in Colombo.

Eligibility:

- (a) Citizens of Sri Lanka who have obtained approval of the Sri Lanka Medical Council for the MBBS or equivalent degree from a foreign medical school recognized by the Council.
- (b) Candidates who have previously sat the examination and have not completed ERPM Parts A and/or D.
- (c) Candidates who have previously sat the examination and have not completed ERPM Part I.

Note: Candidates should apply for all subjects of ERPM Part A and Part D / ERPM Part I which have NOT been passed in previous examinations.

The applications are only available on the SLMC website which should be downloaded. The dates and venue of the examination will be notified later.

(The Declaration Form should be submitted by both Old and New Format Applicants)

Please Book your application submission time slot via Appointment booking system all Applicants

By Order of the Council,

Registrar,
Sri Lanka Medical Council
31, Norris Canal Road, Colombo 10.
Telephone: 0716355771 / 0717412222
SLMC Website: www.slmc.gov.lk
04/09/2026

Note:-

Application Submission Venue: SLMC Main Building – Examination Unit

SRI LANKA MEDICAL COUNCIL

EXAMINATION UNDER ACT 16 OF 1965 AND SECTION 29(i)(ii)(cc) AND SECTION 29 (2)(b)(iii)(cc)
OF THE MEDICAL ORDINANCE.

EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM) IN SRI LANKA PART A AND PART D (OLD FORMAT)

APPLICATION – OCTOBER 2026

FILL ALL THE CAGES (USE BLOCK CAPITALS)

APPLICATION ACCEPTED FROM 7TH SEPTEMBER 2026,
9.00 A.M TO 1.00 P.M. ON WEEK DAYS. LAST DATE FOR
ACCEPTING APPLICATION IS FRIDAY 18TH SEPTEMBER 2026.

PASTE
RECENT
PHOTOGRAPH
(GOOD QUALITY
MATT PAPER)

REG. NO

PERSONAL DETAILS

1. (a) FULL NAME:
.....
(b) PREVIOUS NAMES IF ANY:
2. PERMANENT ADDRESS:
.....
(All correspondence will be sent to this address)
3. NIC NO:..... DATE OF BIRTH:..... GENDER: MALE / FEMALE
4. MOBILE NO:..... RESIDENCE (TEL):.....
5. EMAIL ADDRESS..... PASSPORT NO(S):.....
6. (a) MEDICAL SCHOOL/UNIVERSITY AND COUNTRY:
.....
(b) DEGREE/DIPLOMA:..... YEAR OF QUALIFYING:
(c) DATE OF DEGREE APPROVAL:..... DATE OF ERPM REGISTRATION:

ERPM PART - A

	SUBJECT	SIGNATURE
PAPER 1	MEDICINE	
PAPER 2	PAEDIATRICS	
PAPER 3	SURGERY	
PAPER 4	OBSTETRICS & GYNAECOLOGY	
PAPER 5	PSYCHIATRY	

ERPM PART - D

	SUBJECT	SIGNATURE
PAPER 6	COMMUNITY MEDICINE	
PAPER 7	FORENSIC MEDICINE	

.....
SIGNATURE OF APPLICANT
(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

DATA SHEET - PREVIOUS EXAM PERFORMANCE

NAME:

REG. NO:.....

(ON COMPLETION OF ERPM THIS INFORMATION WOULD BE USED TO DETERMINE THE ORDER OF MERIT)

At the time of handing over the application, please produce the original results sheets for inspection as proof of passing the components of ERPM at previous sittings.

INDICATE THE SUBJECTS PASSED IN ERPM PARTS A AND D / B AND C

ERPM PART A AND PART D

SUBJECTS	YEAR	MONTH	INDEX NO
MEDICINE (PAPER 1)			
PAEDIATRICS (PAPER 2)			
SURGERY (PAPER 3)			
OBSTETRICS & GYNAECOLOGY (PAPER 4)			
PSYCHIATRY (PAPER 5)			
COMMUNITY MEDICINE (PAPER 6)			
FORENSIC MEDICINE (PAPER 7)			

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART A

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART D

ERPM PART B AND PART C

SUBJECTS	YEAR	MONTH	INDEX NO
MEDICAL TRACK	MEDICINE		
	PAEDIATRICS		
SURGICAL TRACK	SURGERY		
	OBSTETRICS & GYNAECOLOGY		
EMERGENCY MEDICINE (VIVA VOCE SECTION)	MEDICAL TRACK		
	SURGICAL TRACK		

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART B

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART C

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND I HEREBY AGREE TO ABIDE BY THE RULES OF THE EXAMINATION.

.....
SIGNATURE OF APPLICANT

(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

INSTRUCTIONS TO CANDIDATES

1. Candidates **should apply** for all subjects of ERPM Part A and Part D at the first attempt and those subjects **NOT** passed in previous examinations.
2. Candidates who have previously passed in both Medicine & Psychiatry (former Paper 1) and Paediatrics & Psychiatry (former Paper 2) are exempted from sitting the present Psychiatry Paper 5.
3. Please forward **two (2) recent unedited colour photographs (size 3 cm x 2.5 cm) of the applicant with front view of the face against a white background on good quality matt paper.** (Any other size or form would not be accepted). One photograph is to be pasted on the application form by the candidate and the other photograph would be included in the admission Card.
4. **The ERPM Registration Card, Passport, Degree Approval Letter and National Identity Card should be submitted for perusal at the time of application.**
5. **ONE self-addressed envelope – 4 inches x 9 inches to be submitted (to receive the Admission Card) Envelope should be stamped to the value of Rs. 130/-.**
6. Timetable and instructions regarding the examination will be emailed to each candidate and these details will also be posted on the SLMC webpage.
7. The admission card will be sent to each candidate through registered post/courier service before the examination. If you want to collect the admission card by hand, indicate “By Hand” on the upper left hand side of the envelope, and collect once it is ready (usually within two weeks to the examination).

FILLING THE APPLICATION FORM

- a) Applications should be legibly written in English by the Applicant in his/her own handwriting.
- b) You should write the surname, other names and initials as they appear in your passport and the certificate of Approval of your Degree. If you have changed your name, please produce documentary proof (e.g. Marriage Certificate).
- c) Incomplete applications will be rejected.
- d) No applications will be accepted after 1.00 p.m. on the closing date.
- e) Applications could be withdrawn with reasons stated in writing before the closing date and time. On withdrawal of the application, the fees would NOT be transferred for a future examination. Fees already paid shall be refunded depending on the stage of processing.
- f) Fees would not be refunded of rejected applications.
- g) **Applications must be handed over personally by the applicant only and he/she should sign the register maintained at the office for that purpose. Other persons should not accompany the applicant.**
- h) **Overseas Candidates:** If the candidate is residing outside Sri Lanka, the application should be sent before the closing date and time for receipt of applications at the SLMC with a certificate of attestation by an Authorised Officer of the Sri Lanka High Commission or Embassy/ Attorney at law/ Notary Public/ Solicitor of the country of temporary residence on the form ‘Declaration by the Applicant’ supplied by the Council (which can be downloaded from the website). The application form should be scanned sent by e -mail <examination@slmc.gov.lk> directly to Sri Lanka Medical Council before the closing date and time for receipt of applications. The original copy of the documents sent by courier/post should reach the SLMC within one week from the closing date and bank slip or online payment details should reach the SLMC before the closing date.
- i) Any candidate who does not attend the examination could ask for a refund only under the circumstance of an illness and after submitting a medical certificate from a SLMC registered medical practitioner **within 10 working days** from the date of completion of the examination.

APPLICATIONS WILL BE ACCEPTED FROM 9.00 A.M. TO 1.00 P.M ON WEEKDAYS FROM 7TH SEPTEMBER TO 18TH SEPTEMBER 2026. APPLICATIONS WILL NOT BE ACCEPTED AFTER 1.00 P.M. ON 18TH SEPTEMBER 2026.

Registrar,

Sri Lanka Medical Council

31, Norris canal Road, Colombo 10.

Telephone Nos.: 0716355771/0717412222

Fax: 0094112674787

Email: examination@slmc.gov.lk

ERPM PART A AND PART D - PAYMENTS

The fees could be paid at any branch of the Hatton National Bank. The paying – in –slip given by the bank (yellow slip) should be attached to the application after payment.

If you are paying via online it is essential to mention below details. If those information not mention in the remittance advice your payment will be rejected.

1. NIC no
2. Mention the word “ERPM Part A and Part D – October 2026”

CHEQUES WILL NOT BE ACCEPTED BY THE COUNCIL

	ERPM PART A	FEEs
PAPER 1	MEDICINE	Rs. 5000/-
PAPER 2	PAEDIATRICS	Rs. 5000/-
PAPER 3	SURGERY	Rs. 5000/-
PAPER 4	OBSTETRICS & GYNAECOLOGY	Rs. 5000/-
PAPER 5	PSYCHIATRY	Rs. 5000/-

	ERPM PART D	FEEs
PAPER 6	COMMUNITY MEDICINE	Rs. 5000/-
PAPER 7	FORENSIC MEDICINE	Rs. 5000/-

Please Credit to A/C No: **003010153598**, Sri Lanka Medical Council, Hatton National Bank, Darley Road, Branch, Colombo 10.

SRI LANKA MEDICAL COUNCIL

EXAMINATION UNDER ACT 16 OF 1965 AND SECTION 29(i)(ii)(cc) AND SECTION 29 (2)(b)(iii)(cc)
OF THE MEDICAL ORDINANCE.

EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM) IN SRI LANKA PART I (NEW FORMAT)

APPLICATION – OCTOBER 2026

FILL ALL THE CAGES (USE BLOCK CAPITALS)

*APPLICATION ACCEPTED FROM 7TH SEPTEMBER 2026,
9.00 A.M TO 1.00 P.M. ON WEEK DAYS. LAST DATE FOR
ACCEPTING APPLICATION IS FRIDAY 18TH SEPTEMBER 2026.*

PASTE
RECENT
PHOTOGRAPH
(GOOD QUALITY
MATT PAPER)

REG. NO

PERSONAL DETAILS

1. (a) FULL NAME:
.....
(b) PREVIOUS NAMES IF ANY:
2. PERMANENT ADDRESS:
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(All correspondence will be sent to this address)
3. NIC NO:..... DATE OF BIRTH:..... GENDER: MALE / FEMALE
4. MOBILE NO:..... RESIDENCE (TEL):.....
5. EMAIL ADDRESS..... PASSPORT NO(S):.....
6. (a) MEDICAL SCHOOL/UNIVERSITY AND COUNTRY:
.....
(b) DEGREE/DIPLOMA:..... YEAR OF QUALIFYING:
(c) DATE OF DEGREE APPROVAL:..... DATE OF ERPM REGISTRATION:

ERPM PART - I

	SUBJECT	SIGNATURE
PAPER 1	MEDICINE & PAEDIATRICS	
PAPER 2	SURGERY, OBSTETRICS & GYNAECOLOGY	
PAPER 3	PSYCHIATRY, COMMUNITY MEDICINE & FORENSIC MEDICINE	

.....
SIGNATURE OF APPLICANT
(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

DATA SHEET

NAME:

ERPM REG. NO:.....

PREVIOUS EXAM PERFORMANCE

Please produce the original results sheets (hard copy) as proof of passing the components of examination at the time of handing over this document for inspection.

ERPM PART I

INDICATE THE SUBJECTS PASSED IN ERPM PART I

PAPER	SUBJECT	YEAR	MONTH	INDEX NO
PAPER 1	MEDICINE & PAEDIATRICS			
PAPER 2	SURGERY, OBSTETRICS & GYNAECOLOGY			
PAPER 3	PSYCHIATRY, COMMUNITY MEDICINE & FORENSIC MEDICINE			

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART I

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND I HEREBY AGREE TO ABIDE BY THE RULES OF THE EXAMINATION.

.....
SIGNATURE OF APPLICANT
(AS PLACED IN ERPM REGISTRATION CARD)

.....
DATE

INSTRUCTIONS TO CANDIDATES

1. Candidates **should apply** for all subjects of ERPM Part I at the first attempt.
2. Please forward **two (2) recent unedited colour photographs (size 3 cm x 2.5 cm) of the applicant with front view of the face against a white background on good quality matt paper.** (Any other size or form would not be accepted). One photograph is to be pasted on the application form by the candidate and the other photograph would be included in the admission Card.

First time applicants, forward Three (3) recent unedited colour photographs of the applicant with frontal view of the face (size 3 cm x 2.5 cm) against a white background on good quality matt paper (Any other size or form will not be accepted) and a copy of the degree approval letter.
3. **The ERPM Registration Card, Passport, Degree Approval Letter and National Identity Card should be submitted for perusal at the time of application. First time applicants should submit a photocopy of the Degree Approval Letter.**
4. **ONE self-addressed envelope – 4 inches x 9 inches to be submitted (to receive the Admission Card) Envelope should be stamped to the value of Rs. 130/-.**
5. Timetable and instructions regarding the examination will be emailed to each candidate and these details will also be posted on the SLMC webpage.
6. The admission card will be sent to each candidate through registered post/courier service before the examination. If you want to collect the admission card by hand, indicate “By Hand” on the upper left hand side of the envelope, and collect once it is ready (usually within two weeks to the examination).

FILLING THE APPLICATION FORM

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- b) You should write the surname, other names and initials as they appear in your passport and the certificate of Approval of your Degree. If you have changed your name, please produce documentary proof (e.g. Marriage Certificate).
- c) Incomplete applications will be rejected.
- d) No applications will be accepted after 1.00 p.m. on the closing date.
- e) Applications could be withdrawn with reasons stated in writing before the closing date and time. On withdrawal of the application, the fees would NOT be transferred for a future examination. Fees already paid shall be refunded depending on the stage of processing.
- f) Fees would not be refunded of rejected applications.
- g) **Applications must be handed over personally by the applicant only and he/she should sign the register maintained at the office for that purpose. Other persons should not accompany the applicant.**
- h) **Overseas Candidates:** If the candidate is residing outside Sri Lanka, the application should be sent before the closing date and time for receipt of applications at the SLMC with a certificate of attestation by an Authorised Officer of the Sri Lanka High Commission or Embassy/ Attorney at law/ Notary Public/ Solicitor of the country of temporary residence on the form ‘Declaration by the Applicant’ supplied by the Council (which can be downloaded from the website). The application form should be scanned sent by e -mail <examination@slmc.gov.lk> directly to Sri Lanka Medical Council before the closing date and time for receipt of applications. The original copy of the documents sent by courier/post should reach the SLMC within one week from the closing date and bank slip or online payment details should reach the SLMC before the closing date.
- i) Any candidate who does not attend the examination could ask for a refund only under the circumstance of an illness and after submitting a medical certificate from a SLMC registered medical practitioner **within 10 working days** from the date of completion of the examination.

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31, Norris canal Road, Colombo 10.

Telephone Nos.: 0716355771/0717412222 Fax: 0094112674787 Email: examination@slmc.gov.lk

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1. NIC no
2. Mention the word “ERPM Part I – October 2026”

CHEQUES WILL NOT BE ACCEPTED BY THE COUNCIL

	SUBJECT	FEES
PAPER 1	MEDICINE & PAEDIATRICS	Rs. 10000/-
PAPER 2	SURGERY, OBSTETRICS & GYNAECOLOGY	Rs. 10000/-
PAPER 3	PSYCHIATRY, COMMUNITY MEDICINE & FORENSIC MEDICINE	Rs. 15000/-

Please Credit to A/C No: **003010153598**, Sri Lanka Medical Council, Hatton National Bank, Darley Road, Branch, Colombo 10.

DECLARATION BY THE APPLICANT
(Candidates residing outside Sri Lanka)

I.....,
(Name & Address of the person making the declaration)

DO SOLEMNLY AND SINCERELY DECLARE THAT

* I am the person applying to sit **ERPM Part A, Part I / Part B, Part II** Examination for Registration to Practice Medicine in Sri Lanka to be held in Colombo by the Sri Lanka Medical Council in 20....
(month)

* I am at present residing in
(City & Country)

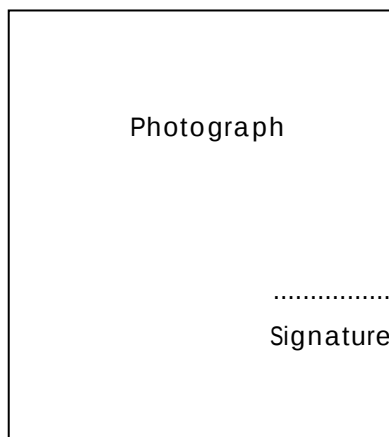
* I hereby state that the statement made and information given in the application form submitted herewith and the copies of the Passport and the National Identity Card/Driving License are true and complete.

* I am aware that I have to be present by myself at the Sri Lanka Medical Council to sign and collect the admission card and the other documents before I am permitted to sit the examination.

Signature of the person making the declaration :.....

Declared at..... on the..... day of..... 20...
(city/ country)

Before me
.....
(Name in block capitals, Address, Title and the Signature of the person before whom the declaration is made.)



.....
Signature of the applicant

.....
Rubber Stamp/Seal

I certify that photograph shown above is a true photograph of who placed her/ his signature before me. (name of the declarant)

.....
Date

.....
Signature of the person before whom the declaration is made.

Place
City/ Country