SUBMISSION OF DOCUMENTS FOR SLMC REGISTRATION - DENTAL

The Sri Lanka Medical Council is pleased to announce the opening of the Online Document Submission Portal for applications for registration under Section 43 of the Medical Ordinance – Dental Practitioners, for Intern Dental Officers who are due to complete their internship on 09 September 2026.

Portal Opening Period

The online portal will be opened at **9.00 a.m. on Friday, 11th September 2026** and will remain open until **4.00 p.m. on Tuesday, 15th September 2026.**
Applicants are strongly advised to submit their applications well in advance to avoid last-minute delays or system congestion.

Physical Document Submission

Wish to inform the Dental Surgeons to be present at,

→ **Venue: Conference Room, Sri Lanka Medical Council.**

→ **Date: 17.09.2026**

→ **Time: 9.00 a.m. to 1.00 p.m.**

to submit the physical copies of full registration Documents.

Please Bring the Following Documents.

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

1. Application Form certified by a J.P. (Form B)
2. Three Passport size recent color photographs. (One Should be certified by a J.P.) (**Refer the Guidelines below**)
3. Payment slip - (Thermal print (ATM Machine) payments are not acceptable. (All payment should contain a remark – DFR xxxxxxxxxx (Applicant NIC No)

Bank: **Bank of Ceylon**	Branch: **Maradana** (Branch Code 41)	A/C No: **0000371208**
Reference Code: NIC Number	Payment category: **DFR**	Rs.**10,500**/- (Non-Refundable)

4. Degree certificate (Original+ an A4 size Photocopy)

5. National Identity Card (Original+ a Photocopy - both sides should be printed on one side of an A4 page)
6. Birth certificate (Original+ an A4 size Photocopy)
7. Provisional Registration Certificate (Original+ Photocopy)
8. Character Certificate (Form D)
9. Affidavit B (attached below)
10. Form A
11. Progress Report- OMF 1, OMF 2, Restorative Dentistry, Orthodontics (SLMC Copy)
12. Internship Certificate (Form C)
13. Identity card Application -New format -2 copies (attached below)

*** 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) ***

INSTRUCTIONS FOR PRINTING THE EVALUATION BOOK

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

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).
   - **Form C-Part C:** 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).**

Note

✓ Please click here to login to your SLMC online account and select the Change Membership & Dental Surgeon.

✓ Any other system-related queries please send a WhatsApp message with your Name, Phone number, PR number, and NIC number to **071-2632567** or Open web service ticket

Registrar

04.09.2026

-/ds

Guidelines for Photographs to Be Submitted to the SLMC

The Sri Lanka Medical Council requires all applicants and registrants to submit photographs that conform to specified standards. This is to ensure that the photographs accurately reflect the individual's appearance and also meet the necessary technical requirements for use in official regulatory applications.

A. Physical Submission of Photographs

1. **Size**
   a. Stamp size – 30-35mm in height and 20-25mm in width (average)

2. **Appearance**
   a. They must both show a close up of your face and the top of the shoulders
   b. Your face must take up 70% to 80% of the photo.

3. **Age of the photograph**
   Photos must be less than 6 months old.

4. **Paper Quality (when hard copy is submitted)**
   a. The photo should be printed on photographic paper
   b. The reverse of each photo should be white and unglazed.

5. **Image Quality**
   Photos must:
   a. Be in colour
   b. Be taken against a white or light plain color background
   c. Have sharp focus and be correctly exposed
   d. Have a good colour balance, natural flesh tones and no '**red eye**'
   e. Have a good contrast between your facial features and the background
   f. There must be no shadows or glare in the image or in the background.
   g. Have not been edited to alter the natural features of the image (especially the face)
   h. No digital enhancements, filters, or retouching allowed

6. **Pose**
   a. The applicant must be dressed in formal attire appropriate to a professional setting.
   b. The head must be positioned centrally within the photograph.
   c. The applicant must face the camera directly, with the full face clearly visible.
   d. The head must not be tilted, turned, or angled in any direction.

7. **Expression**
   a. The subject must maintain a neutral facial expression.
   b. Do not squint, frown, smile, or display any other expression.
   c. The eyes must be fully open.
   d. The mouth must be closed.
   e. Hair must not cover or obstruct the eyes.

8. **Glasses**
   a. Do not wear sunglasses or tinted/coloured glasses.
   b. If you normally wear glasses, your eyes must be clearly visible in the photograph.
   c. Avoid glare or reflections that may obscure the eyes.

d. Do not include a stethoscope or any similar professional accessory within the visible frame.

9. Head and Hair Covering

a. Head coverings or hair coverings must not be worn, except for religious purposes. Items such as hats, caps, and headbands are not permitted.
b. Applicants who wear a head covering for religious reasons must ensure that their full face is clearly visible.

10. Certification of Photographs

Where certification of a photograph is required, it must be completed on the reverse side of the photograph in accordance with the instructions provided.