

## **APPLICATION FOR TRANSFER BETWEEN FOREIGN MEDICAL DEGREE PROGRAMMES**

The SLMC may entertain applications for transfer between SLMC recognized degree programmes of two countries in exceptional circumstances such as closure of borders preventing returning back to the country or war conditions. The students have to submit the completed application below. The application processing time is 1-3 months

### **Please note the following when the application is completed and submitted**

1. Transfer between SLMC recognized degree programmes offered by different universities should be done with the approval of the SLMC.
2. Leaving one SLMC recognized degree programme and joining another SLMC recognized degree programme as a new student, does not require SLMC approval.
3. As per Gazetted regulations by parliament, transfer between degree programmes that are NOT recognised by SLMC is NOT acceptable nor shall be approved.

### **Application**

1. Full name	
2. NIC number	
3. Passport number	
4. Email address	
5. Mobile number	
6. Residential address	
7. Details of Advance Level results (Subjects and Grades)	
8. Name of present Medical school	
9. Name of degree awarding university	
10. Address	
11. Country	
12. Entry date to the present university	
13. The period completed in above (years or credits)	

14. Details of the Medical School planning to join	
15. Name of the degree awarding university of above	
16. The period (years or credits) planning to complete in above	
17. Year and month of planned transfer	
18. Whether above both medical schools/universities have agreed to release/accept the student	

**Annex the following**

- A. Letter from current university/medical school confirming details as given in items 1 to 13 and 18 above
- B. Letter from proposed university/medical school confirming details as given in items 14 to 18 above
- C. Bank payment slip for Rs 8000.00

**Payment details**

Bank: **Bank of Ceylon**, Maradana, Branch

Account number: **A/C No. 0000371208**

Please ensure that your NIC Number and relevant payment category (AD) were entered by the Banking Officer for future clarifications. The Bank Credit Slip (Green) should be attached with the application.

Date of payment

**Declaration**

I do hereby declare the particulars stated above are true and correct and having understood the contents hereof I understand and agree that any false and /or misleading submission furnished by me would be liable to disqualification and cancellation of my degree approval in future and shall be liable for violating the provisions of Medical Ordinance No. 26 of 1927 and I would be barred from sitting for the Examination to Register to Practice Medicine (ERPM) conducted by the Sri Lanka Medical Council

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Signature of Applicant

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Date