



Application Provisional Registration

Please read the instruction before filling the application

Medical Practitioner Dentist

NIC No

Color photograph
Stamp Size

Full Name exactly as in the Degree Certificate

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

Advance Level or Equivalent Examination Information

Country

Name of the Examination

Index Number

Year Of Examination

Subject Grade Subject Grade Subject Grade

Results

Other

Degree Certificate

Name of the Degree

Standard Abbreviation

MBBS BDS Other

Degree awarding Institution

Date of the degree award

Foreign Degree Approval No(If any)

Licensing Examination

ERPM ERPDS

Other

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

Applicant's Signature

Date

For office Use

	Date of issue	Prov.Reg.No	Registrar's approval

Name of the MA

Registrar

Instructions for Registrations

Who can apply?

1. Sri Lankan Citizen
2. Graduates of Sri Lankan Medical/Dental Faculties
3. Foreign qualified Medical graduates, who have completed the ERPM/ERPDS
4. Person of a good character

Fees paid to the bank or via online

Bank : Bank Of Ceylon	Branch : Maradana	A/C No: 0000371208
Reference Code:NIC Number	Payment category : PR	Fee : 7000/-

Documents

Duly furnished application	<input type="checkbox"/>	National Identity card	<input type="checkbox"/>
ERPM/ERPDS completion certificate	<input type="checkbox"/>	Any other relevant documents	<input type="checkbox"/>
A/L certificate (Original issued by Dept.Of. Examination)	<input type="checkbox"/>	Color photograph x 2(Stamp Sized)	<input type="checkbox"/>
Payment slip	<input type="checkbox"/>		

General Information

The application is in the fillable format.(Typed applications are preferred.)

Scan all the documents including the signed applications.

Upload the documents Via SLMC website(www.slmc.gov.lk)

You will be asked to present at the SLMC with original documents including the application for verification after online submission.

Note

Please follow the date format [dd/mm/yyyy](#)

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

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