Application to request for clarifications from SLMC

Only applications submitted by the respective student/graduate will be entertained

Processing time: Minimum 5 working days. If the inquiry requires relevant committee approvals the response time will extend.

1	Full Name of the student	
2	Surname with Initials	
3	Email	
4	Passport Number	
5	NIC	
6	Mobile Number	
7	Name of the University	
8	Name of Medical School/Faculty/Institute	
9	Country	
10	Month and Year of Entry (If you are already a student/graduate)	
11	University Registration Number (If you are already a student/graduate)	
12	Key clarifications required (Write in point form)	

Annex the following: Bank payment slip for Rs 3000.00

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.

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 Date