FORM D

Character Certificate

[To be submitted to the Sri Lanka Medical Council for the purpose of registration as a Medical/Dental Practitioner by the Medical Ordinance Chapter 105 as required under Section 29(1)(a)].

I, ...

(Full name of person certifying)

of (address) ……

…….

Certify that: (full name of applicant). .....

.....

is known to me personally and I am aware that he/she is seeking Full Registration as a Medical/Dental Practitioner with the Sri Lanka Medical Council.

I certify that he/ she is of Good Character.

…… ……

Date Signature

(Rubber Stamp/ Seal) Designation .....

.....