

SRI LANKA MEDICAL COUNCIL

SPECIAL EXAMINATION UNDER ACT 16 OF 1965 AND SECTION 29(i)(ii)(cc) AND SECTION 29 (2)(b)(iii)(cc) OF THE MEDICAL ORDINANCE.

EXAMINATION FOR REGISTRATION TO PRACTISE MEDICINE (ERPM) IN SRI LANKA PART A AND PART D

APPLICATION - MAY 2016

FILL ALL THE CAGES (USE BLOCK CAPITALS)

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| REG. NO |
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APPLICATION ACCEPTED FROM 15TH FEBRUARY 2016,
9.30 A.M TO 1.00 P.M. ON WEEK DAYS. LAST DATE FOR
ACCEPTING APPLICATION IS FRIDAY 26TH FEBRUARY 2016.

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|----------------------|
| Recent Photograph |
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PERSONAL DETAILS

- FULL NAME:
- PERMANENT ADDRESS:
(All correspondence will be sent to this address)
- NIC NO:..... PASSPORT NO:
- DATE OF BIRTH:..... GENDER : MALE / FEMALE
- CONTACT TELEPHONE NO:.....
- (a) MEDICAL SCHOOL/UNIVERSITY AND COUNTRY:
(b) DEGREE/DIPLOMA:..... YEAR OF QUALIFYING:

ERPM PART - A

| | SUBJECT | SIGNATURE |
|---------|--------------------------|-----------|
| PAPER 1 | MEDICINE & PSYCHIATRY | |
| PAPER 2 | PAEDIATRICS & PSYCHIATRY | |
| PAPER 3 | SURGERY | |
| PAPER 4 | OBSTETRICS & GYNAECOLOGY | |

ERPM PART - D

| | SUBJECT | SIGNATURE |
|---------|--------------------|-----------|
| PAPER 5 | COMMUNITY MEDICINE | |
| PAPER 6 | FORENSIC MEDICINE | |

.....
SIGNATURE OF APPLICANT

.....
DATE

INSTRUCTIONS TO CANDIDATES

1. The ERPM Registration Card (first time candidates), Time Table, Admission Card and the instructions regarding the exam will be sent to each candidate by registered post, before the examination.
2. **The ERPM Registration Card, Passport, Degree Approval Letter and the National Identity Card should be submitted for perusal at the time of submission of the application.**
3. **Produce the Admission Card, the ERPM Registration Card and the Passport at the examination.**
4. If you do not possess a valid passport at present, the passport you used for studies abroad could be produced along with the National Identity Card or the Driving Licence to prove your identity.
5. If you possess a valid passport, it could be produced in place of the Identity Card.
6. If you have not sat the ERPM examination previously, please forward three (3) colour photographs taken within the last six (6) months of **3 cm. x 2½ cm.** size. (Any other size photographs would not be accepted). If you have sat for the ERPM before, please submit two (2) photographs. Your name with initials and surname should be written on the back of each photograph.
7. You should also submit **TWO self-addressed envelopes – 4 inches x 9 inches** to receive the Admission Card, the Registration Card, instructions and the results. One envelope should be stamped to the value of **Rs. 60/-** and other for **Rs. 40/-**.

FILLING THE APPLICATION FORM

- a) Applications should be legibly written in English by the Applicant in his/her own handwriting.
- b) You should write the surname, other names and initials as they appear in your passport and the certificate of Approval of your Degree. If you have changed your name, please produce documentary proof (e.g. Marriage Certificate).
- c) Incomplete applications will be rejected
- d) No applications will be accepted after the closing date
- e) Applications could be withdrawn with stated reasons in writing before the closing date and time of the application. On the withdrawal of the application, the fees would be transferred for a future examination. Fees already paid shall not be refunded.
- f) Fees would not be refunded for rejected applications.
- g) **Applications must be handed over personally by the applicant and he/she should sign the register maintained at the office for that purpose**

If the candidate is residing outside Sri Lanka, the application should be sent before the closing date and time for receipt of applications by the SLMC with a certificate of attestation by an Authorised Officer of the Sri Lanka High Commission or Embassy/ Attorney at law/ Notary Public/ Solicitor of the country of temporary residence on the form 'Declaration by the Applicant' supplied by the Council (which can be downloaded from the website). The application form should be faxed directly to Sri Lanka Medical Council before the closing date and time for receipt of applications and the original documents (courier/post) should reach the SLMC within one week from the closing date.

APPLICATIONS WILL BE ACCEPTED FROM 9.30 A.M. TO 1.00 P.M ON WEEK DAYS FROM 15TH TO 26TH FEBRUARY 2016. APPLICATIONS WILL NOT BE ACCEPTED AFTER 1.00 P.M. ON 26TH FEBRUARY 2016.

Registrar,
Sri Lanka Medical Council
31, Norris canal Road, Colombo 10.

Telephone Nos.: 2691848/5623651 Fax: 2674787

ERPM PART A AND ERPM PART D - PAYMENTS

The fees could be paid at any branch of the Hatton National Bank. The paying – in – slip obtained from the Sri Lanka Medical Council should be used for payment and attached to the application after payment.

CHEQUES WILL NOT BE ACCEPTED BY THE COUNCIL

| ERPM PART A | FEES |
|--------------------------|------------|
| MEDICINE & PSYCHIATRY | RS. 3250/- |
| PAEDIATRICS & PSYCHIATRY | RS. 3250/- |
| SURGERY | RS. 3250/- |
| OBSTETRICS & GYNAECOLOGY | RS. 3250/- |

| ERPM PART D | FEES |
|--------------------|------------|
| COMMUNITY MEDICINE | RS. 2000/- |
| FORENSIC MEDICINE | RS. 2000/- |

DATA SHEET

NAME:

REG. NO:.....

PREVIOUS EXAM PERFORMANCE

(ON COMPLETION OF ERPM PARTS A, B, C AND D THIS INFORMATION WOULD BE USED TO DETERMINE THE ORDER OF MERIT)

ERPM PART A

INDICATE THE SUBJECTS PASSED IN ERPM PART A

| SUBJECTS | YEAR | MONTH | INDEX NO |
|------------------------------------|------|-------|----------|
| MEDICINE & PSYCHIATRY (PAPER 1) | | | |
| PAEDIATRICS & PSYCHIATRY (PAPER 2) | | | |
| SURGERY (PAPER 3) | | | |
| OBSTETRICS & GYNAECOLOGY (PAPER 4) | | | |

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART A

ERPM PART B

INDICATE THE SECTION PASSED IN ERPM PART B (BEFORE JUNE 2014)

| SECTION PASSED | YEAR | MONTH | INDEX NO |
|---|------|-------|----------|
| CLINICAL SECTION (MED. + PAED. + SURG. + OBST. & GYNAE.) | | | |

INDICATE THE SUBJECTS PASSED IN ERPM PART B (FROM JUNE 2014)

| SUBJECTS | | YEAR | MONTH | INDEX NO |
|-----------------------|--------------------------|------|-------|----------|
| MEDICAL TRACK | MEDICINE | | | |
| | PAEDIATRICS | | | |
| SURGICAL TRACK | SURGERY | | | |
| | OBSTETRICS & GYNAECOLOGY | | | |

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART B

ERPM PART C

INDICATE THE SECTION PASSED IN ERPM PART C (BEFORE JUNE 2014)

| EMERGENCY MEDICINE (VIVA VOCE) | YEAR | MONTH | INDEX NO |
|--------------------------------|------|-------|----------|
| EMERGENCY MEDICINE | | | |

INDICATE THE SECTIONS PASSED IN ERPM PART C (FROM JUNE 2014)

| EMERGENCY MEDICINE (VIVA VOCE SECTION) | YEAR | MONTH | INDEX NO |
|--|------|-------|----------|
| MEDICAL TRACK | | | |
| SURGICAL TRACK | | | |

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART C

ERPM PART D

INDICATE THE SUBJECTS PASSED IN ERPM PART D (BEFORE MARCH 2014)

| SUBJECT | YEAR | MONTH | INDEX NO |
|---|------|-------|----------|
| COMBINED PAPER (COM. MED./PATH/FOR.MED) | | | |

| VIVA VOCE | YEAR | MONTH | INDEX NO |
|--------------------|------|-------|----------|
| COMMUNITY MEDICINE | | | |
| FORENSIC MEDICINE | | | |
| OPTION 1 (VIVA) | YEAR | MONTH | INDEX NO |
| COMMUNITY MEDICINE | | | |
| FORENSIC MEDICINE | | | |
| OPTION 2 (10 MCQs) | YEAR | MONTH | INDEX NO |
| COMMUNITY MEDICINE | | | |
| FORENSIC MEDICINE | | | |

INDICATE THE SUBJECTS PASSED IN ERPM PART D (FROM MARCH 2014)

| SUBJECT | YEAR | MONTH | INDEX NO |
|------------------------------|------|-------|----------|
| COMMUNITY MEDICINE (PAPER 5) | | | |
| FORENSIC MEDICINE (PAPER 6) | | | |

INDICATE CLEARLY THE TOTAL NUMBER OF TIMES YOU SAT ERPM PART D

I CONFIRM THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND I HEREBY AGREE TO ABIDE BY THE RULES OF THE EXAMINATION.

.....
SIGNATURE OF APPLICANT

.....
DATE

PAYMENT BY CASH ONLY

NF

SRI LANKA MEDICAL COUNCIL

31, Norris Canal Road, Colombo 10.

Hatton National Bank, Branch:.....

Please Credit to A/C No: **003010153598**, Sri Lanka Medical Council, Hatton National Bank, Darley Road, Branch, Colombo 10.

Name of Applicant (IN BLOCK LETTERS)

.....
.....

Address:
.....
.....

On account of the ERPM (Part A and Part D)

| ERPM PART A | AMOUNT |
|-------------------------------------|-------------------|
| MEDICINE & PSYCHIATRY | RS.3,250/- |
| PAEDIATRICS & PSYCHIATRY | RS.3,250/- |
| SURGERY | RS.3,250/- |
| OBSTETRICS & GYNAECOLOGY | RS.3,250/- |
| ERPM PART D | |
| COMMUNITY MEDICINE | RS. 2000/- |
| FORENSIC MEDICINE | RS. 2000/- |
| TOTAL | |

Date:.....

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Signature of Applicant

Received the above amount for credit to Sri Lanka Medical Council, A/C No:003010153598
Hatton National Bank, Darley Road, Branch, Colombo -10.

Hatton National Bank Seal