

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 B AND PART C - OLD FORMAT

APPLICATION – JANUARY/FEBRUARY 2017

FILL ALL THE CAGES (USE BLOCK CAPITALS)

REG. NO

APPLICATION ACCEPTED FROM 9.30 A.M TO 1.00 P.M.
ON WEEK DAYS. LAST DATE FOR ACCEPTING
APPLICATION IS FRIDAY 16TH DECEMBER 2016.

Paste
Recent
Photograph

PERSONAL DETAILS

1. FULL NAME:

.....

2. PERMANENT ADDRESS:

.....

(All correspondence will be sent to this address)

3. NIC NO:..... PASSPORT NO:

4. DATE OF BIRTH:..... GENDER : MALE / FEMALE

5. CONTACT TELEPHONE NO:.....

6. (a) MEDICAL SCHOOL/UNIVERSITY AND COUNTRY:

.....

(b) DEGREE/DIPLOMA:..... YEAR OF QUALIFYING:

ERPM PART B - APPLY SUBJECT WISE

SUBJECT	SIGNATURE
MEDICINE	
PAEDIATRICS	
SURGERY	
OBSTETRICS & GYNAECOLOGY	

ERPM PART C - APPLY SUBJECT WISE

EMERGENCY MEDICINE (VIVA VOCE SECTION)	SIGNATURE
MEDICINE	
PAEDIATRICS	
SURGERY	
OBSTETRICS & GYNAECOLOGY	

.....
SIGNATURE OF APPLICANT

.....
DATE

IMPORTANT

Instructions for application to sit ERPM Part B and Part C

1. Please forward **two (2) recent unedited colour photographs (size 3 cm x 2.5 cm) of the applicant with frontal view of the face against a white background.** (Any other size or form would not be accepted). One photograph is to be pasted on the application form by the candidate and the other photograph would be included in the admission Card.
Your name with initials, registered number and the signature should be written on the back of the each photograph.
2. Two self-addressed envelopes with stamps for Rs. **60/- & 40/-** should be submitted along with the application.
3. Incomplete applications will be rejected.
4. No application will be accepted after 1.00 p.m on the closing date.
5. Applications could be withdrawn within seven days from the closing date of application; 75% of the application fees will be refunded. Thereafter, no refunds will be made. Transfer of application to the next examination is not permitted except under exceptional circumstances at the discretion of the SLMC.
6. Applications should be legibly filled in English by the applicant in his/her own handwriting and signed personally by the applicant. Typewritten applications will not be accepted.
7. Registration Card, Passport and the National Identity Card should be submitted for perusal at the time of submission of the application.
8. **The application must be handed over personally by the applicant. Applications sent through a third party or by post will not be accepted.**
9. **Candidates residing outside Sri Lanka**
The application may be sent by registered post/courier with a certificate of attestation by an authorized officer of the High Commission of Sri Lanka or Attorney at Law/Notary Public/Solicitor (use attached form 'Declaration by Applicant').
If such application is sent by fax, the **original** should be sent to reach the Council within seven days after the closing date. **All such applicants** should call over in person at the SLMC office at least one week before the date of commencement of the examination to collect the admission card.

ERPM PART B AND ERPM PART C 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 B - SUBJECT

FEES

MEDICINE	RS. 3000/-
PAEDIATRICS	RS. 3000/-
SURGERY	RS. 3000/-
OBSTETRICS & GYNAECOLOGY	RS. 3000/-

ERPM PART C - EMERGENCY MEDICINE(VIVA VOCE)

MEDICINE	RS. 2000/-
PAEDIATRICS	RS. 2000/-
SURGERY	RS. 2000/-
OBSTETRICS & GYNAECOLOGY	RS. 2000/-

APPLICATIONS WILL BE ACCEPTED FROM 9.30 A.M. UP TO 1.00 P.M ON WEEK DAYS FROM 1ST TO 16TH DECEMBER 2016.

APPLICATIONS WILL NOT BE ACCEPTED AFTER 1.00 P.M. ON 16TH DECEMBER 2016.

Registrar,
Sri Lanka Medical Council, No. 31, Norris Canal Road, Colombo 10.
Telephone Nos.: 2691848/5623651 Fax : 2674787

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

OF

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:
.....
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On account of the ERPM (Part B and Part C)

ERPM PART B (CLINICAL SECTION)	AMOUNT
MEDICINE	3,000/-
PAEDIATRICS	3,000/-
SURGERY	3,000/-
OBSTERICS AND GYANECOLOGY	3,000/-
ERPM PART C (EMERGENCY MEDICINE)	
MEDICINE	2,000/-
PAEDIATRICS	2,000/-
SURGERY	2,000/-
OBSTERICS AND GYANECOLOGY	2,000/-
TOTAL	

Date:.....

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