SLMC
Sri Lanka Medical Council

APPLICATION FOR CHANGE OF ADDRESS
(MEDICAL PRACTITIONER)

(Please fill in English Block Letters)

01. Full Name (as given to the SLMC) : **Please leave one space between names**

02. Address registered with the SLMC

03. Change of Address **(ADDRESS TO BE ENTRED IN THE REGISTER)**

04. National Identity Card No

05. SLMC Registration No

06. Date of Registration (DD/MM/YY)

07. Contact Numbers

Home

Mobile

E Mail Address

08. Please produce <u>duly certified photocopies</u> in person or by post with the application.

NIC/ PASSPORT/ SLMC ID	YES	NO
RENEWAL OF REGISTRATION/ REGISTRATION CERTIFICATE	YES	NO

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Signature of applicant Date

Registrar
Sri Lanka Medical Council
31, Norris Canal Road
Colombo 10.
Tel: 2691848 Fax: 2674787 E Mail: slmc@lankabellnet.com