

# 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 2017

FILL ALL THE CAGES (USE BLOCK CAPITALS)

REG. NO

APPLICATION ACCEPTED FROM 13<sup>TH</sup> MARCH 2017,  
9.30 A.M TO 1.00 P.M. ON WEEK DAYS. LAST DATE FOR  
ACCEPTING APPLICATION IS FRIDAY 24<sup>TH</sup> MARCH 2017.

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. 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 on good quality matt paper.** (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. **First time applicants, forward Three (3) recent unedited colour photographs of the applicant with frontal view of the face (size 3 cm x 2.5 cm) against a white background on good quality matt paper.** (Any other size or form would not be accepted).
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. 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/-**.
4. 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.

### 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 13<sup>TH</sup> TO 24<sup>TH</sup> MARCH 2017. APPLICATIONS WILL NOT BE ACCEPTED AFTER 1.00 P.M. ON 24<sup>TH</sup> MARCH 2017.**

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

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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
<b>MEDICAL TRACK</b>	MEDICINE			
	PAEDIATRICS			
<b>SURGICAL TRACK</b>	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
<b>MEDICINE &amp; PSYCHIATRY</b>	<b>RS.3,250/-</b>
<b>PAEDIATRICS &amp; PSYCHIATRY</b>	<b>RS.3,250/-</b>
<b>SURGERY</b>	<b>RS.3,250/-</b>
<b>OBSTETRICS &amp; GYNAECOLOGY</b>	<b>RS.3,250/-</b>
ERPM PART D	
<b>COMMUNITY MEDICINE</b>	<b>RS. 2000/-</b>
<b>FORENSIC MEDICINE</b>	<b>RS. 2000/-</b>
<b>TOTAL</b>	

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**