

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

| |
|---------|
| REG. NO |
| |

APPLICATION – MARCH 2018
 FILL ALL THE CAGES (USE BLOCK CAPITALS)
*APPLICATION ACCEPTED FROM 9.30 A.M TO 1.00 P.M.
 ON WEEK DAYS. LAST DATE FOR ACCEPTING
 APPLICATION IS MONDAY 12TH FEBRUARY 2018.*

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|-------------------------------|
| Paste Recent Photograph |
|-------------------------------|

PERSONAL DETAILS

1. (a) FULL NAME: *(in capital letters)*
-
- (b) PREVIOUS NAMES IF ANY:
2. PERMANENT ADDRESS:
-
- (All correspondence will be sent to this address)*
3. NIC NO:..... PASSPORT NO(S):
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 TRACK WISE

| EMERGENCY MEDICINE (VIVA VOCE SECTION) | SIGNATURE |
|--|-----------|
| MEDICAL TRACK | |
| SURGICAL TRACK | |

.....
 SIGNATURE OF APPLICANT
(as placed in ERPM Registration Card)

.....
 DATE

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**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 B and Part C)

| ERPM PART B (CLINICAL SECTION) | AMOUNT |
|---|---------------|
| MEDICINE | RS.4,500/- |
| PAEDIATRICS | RS.4,500/- |
| OBSTETRICS & GYNAECOLOGY | RS.4,500/- |
| SURGERY | RS.4,500/- |
| ERPM PART C (EMERGENCY MEDICINE) VIVA VOCE | |
| MEDICAL TRACK | RS. 3,750/- |
| SURGICAL TRACK | RS. 3,750/- |
| TOTAL | |

Date:.....

.....
Signature of ApplicantReceived 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**