

PAYMENT BY CASH

CODE: ACT 43

**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 LETTERES)

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Address

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**On account of Dental Graduate Qualified Abroad under section 43
of the Medical Ordinance Examination**

	SUBJECT	RUPEES
PART I	THEORY & PRACTICAL	10,000/-
PART II	CLINICAL	10,000/-

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