

**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**

.....  
.....

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

	<b>SUBJECT</b>	<b>RUPEES</b>
<b>PART I</b>	<b>THEORY &amp; PRACTICAL</b>	<b>10,000/-</b>
<b>PART II</b>	<b>CLINICAL</b>	<b>10,000/-</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**