RENEWAL OF REGISTRATION -LIFE CERTIFICATE

(to be retained by the applicant until 31.12.2029)

Please attached
Colour Photograph
Photo Size
3.5x4. 5 cm

1. Registration Category: - Medical / Dental / RMP
2. SLMC Registration No:……..
3. NIC No:……..
4. Citizenship: Sri Lankan / Dual
5. If your citizenship is dual, you are required to provide a dual citizenship certificate and mention the other country of your citizenship :……
6. Full Name (as Registered with SLMC):……
   ……
   ……
7. Address in Sri Lanka (to be entered in the SLMC Register):……
   ……

I, hereby certify that all details provided above are true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information provided may result in disqualification from consideration or, if discovered after acceptance, may lead to revocation of any offers or positions granted based on this document. Furthermore, I affirm that the photograph submitted with this document accurately represents my current appearance and has not been altered or manipulated in any manner that would mislead or deceive the reviewing authority.

SLMC

…….	…….	…….
8. Full Signature of Applicant	9. Short Signature of Applicant	10. Date

To be Completed by :

1. **SLMC Registered Medical or Denatal Practitioner/Justice of the Peace (JP)/Commissioner for Oaths/ Attorney-at-Law/ ; Grama Niladhari; OR**
2. **Director of the Hospital / Head of the Institution; OR**
3. **Sri Lankan Embassy (Consulate)/Any Medical or Dental Practitioner registered with the Medical or Dental Regulatory Council of the respective country.**

(Please ensure the required certification is completed by one of the above-authorized individuals based on your location.)

I hereby certify that (Name). ……is alive and placed his/her signature before me on (Date)……

Name of person certifying ……
……
……

…….	…….
Signature	Date

OFFICIAL SEAL