

# SRI LANKA MEDICAL COUNCIL

*(SPECIAL EXAMINATION FOR DENTAL GRADUATES QUALIFIED ABROAD UNDER SECTION 43 OF THE MEDICAL ORDINANCE)*

## EXAMINATION FOR REGISTRATION TO PRACTICE DENTAL SURGERY IN SRI LANKA

### APPLICATION – SEPTEMBER / NOVEMBER 2024

FILL ALL THE CAGES (USE BLOCK CAPITALS)

REG. NO

*APPLICATION ACCEPTED FROM MONDAY 12<sup>TH</sup> AUGUST 2024,  
9.30 A.M TO 1.00 P.M. ON WEEK DAYS. LAST DATE FOR  
ACCEPTING APPLICATION IS FRIDAY 16<sup>TH</sup> AUGUST 2024.*

PASTE RECENT PHOTOGRAPH <small>(GOOD QUALITY MATT PAPER)</small>
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#### *PERSONAL DETAILS*

1. (a) FULL NAME: .....
- .....
- (b) PREVIOUS NAMES IF ANY: .....
- .....
2. PERMANENT ADDRESS: .....
- .....
- (All correspondence will be sent to this address)*
3. NIC NO:..... DATE OF BIRTH:..... GENDER: MALE / FEMALE
4. MOBILE NO:..... RESIDENCE (TEL):.....
5. EMAIL ADDRESS..... PASSPORT NO(S):.....
6. (a) MEDICAL SCHOOL/UNIVERSITY AND COUNTRY:  
.....
- (b) DEGREE/DIPLOMA:..... YEAR OF QUALIFYING: .....
- (c) DATE OF DEGREE APPROVAL:..... DATE OF ERPDS REGISTRATION: .....

**SECTION APPLIED FOR SHOULD BE INDICATED BY INITIALING AGAINST EACH SECTION.**

	SECTION	SIGNATURE
<b>PART I</b>	<b>THEORY &amp; PRACTICAL</b>	
<b>PART II</b>	<b>CLINICAL</b>	

#### **SECTION PREVIOUSLY PASSED**

(Please write the month/year of passing in the appropriate cage)

		MONTH & YEAR	NUMBER OF ATTEMPTS SAT FOR ERPDS PART I
PART I	THEORY & PRACTICAL		

.....  
SIGNATURE OF APPLICANT  
*(AS PLACED IN ERPDS REGISTRATION CARD)*

.....  
DATE