

**DECLARATION BY THE APPLICANT
(Candidates residing outside Sri Lanka)**

.....
(Name & Address of the person making the declaration)

DO SOLEMNLY AND SINCERELY DECLARE THAT

* I am the person applying to sit **ERPDS Part I / Part II** Examination for Registration to Practice Dental Surgery in Sri Lanka to be held in Colombo by the Sri Lanka Medical Council in 20....
(month)

* I am at present residing in
(City & Country)

* I hereby state that the statement made and information given in the application form submitted herewith and the copies of the Passport and the National Identity Card/Driving License are true and complete.

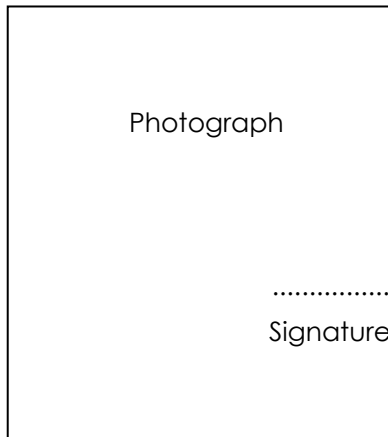
* I am aware that I have to be present by myself at the Sri Lanka Medical Council to sign and collect the admission card and the other documents before I am permitted to sit the examination.

Signature of the person making the declaration :.....

Declared at..... on the.....day of..... 20...
(city/ country)

Before me

.....
(Name in block capitals, Address, Title and the Signature of the person before whom the declaration is made.)



.....
Signature of the applicant

.....
Rubber Stamp/Seal.

I certify that photograph shown above is a true photograph of who placed her/ his signature before me. (name of the declarant)

.....
Date

.....
Signature of the person before whom the declaration is made.

Place
City/ Country