



# SRI LANKA NURSING COUNCIL

**APPLICATION FOR  
VERIFICATION OF REGISTRATION NURSE  
(PLEASE FILL CAPITAL LETTERS)**

**FULL NAME** : .....

.....

**ADDRESS** : .....

.....

**SEX** : .....

**SLNC registration No & Date** : .....

**SLMC registration No & Date** : .....

.....

.....

**Signature Of Applicant**

**Date**

## INSTRUCTIONS

1. Please Forward the following
  - a. Duly filled application form. **(PLEASE FILL CAPITAL LETTERS)**
  - b. Letter of request mention in reason to Registrar.
  - c. The Bank Paying Slip, duly certified by the bank that Sum of Rs.5000.00 paid by any Branch of BANK OF CEYLON to the account of the SLNC No 72401415.
  - d. The original certificate issued by the Sri Lanka Nursing Council, & a true copy.
  - e. The original certificate of Diploma in General Nursing of the certificate of General Nursing issued by the Ministry Of Health/Degree certificate issued by the university in Sri Lanka accredited by SLNC and a true copy.
  - f. A true copy of the National Identify Card.
  - g. A true copy of the Passport.
  - h. In case of Foreign Service outside Sri Lanka, you must submit the true copies letters of leave obtained/letter of attestation if you left the service.
  - i. Your application will be rejected if the original certificates / National Identity Card Passport not produced at this office.
  - j. Sri Lanka Nursing Council takes 7 Days for issuing the certificate.

### Special Note.

1. First download the relevant application.
2. Fill the application and handover with relevant documents.
3. The application should be completed and submitted along with the relevant document to the Sri Lankan Nursing Council Office The relevant application must be submitted.
4. Between 8.30 a.m. and 3.00 p.m. from Monday to Friday without Thursday

- මෙම අයදුම්පත බාරදී සතියක් ගතවූ පසු සහතිකය ලබාගත හැකිය.
- අයදුම්පත බාරදීමට පෙර අයදුම්කරු ශ්‍රී ලංකා හෙද සභාවේ ඔන්ලයින් ක්‍රමවේදයේ දැනට ලියාපදිංචි වී නොමැති නම් මෙම වෙබ් අඩවිය හරහා [www.slnc.lk](http://www.slnc.lk) අනිවාර්යයෙන් ලියාපදිංචි වී පැමිණෙන්න. **(Other → Register)**
- අයදුම්පත සම්පූර්ණ කර අදාළ ලිපිලේඛණ සමඟ ශ්‍රී ලංකා හෙද සභා කාර්යාලයට පැමිණ භාර දිය යුතුවේ. අදාළ අයදුම්පත භාර දීමේදී සඳුදා, අගහරුවාදා, බදාදා, සිකුරාදා දින දක්වා උදේ 8.30 සිට සවස 3.00 දක්වා පැමිණ භාර දිය යුතු වේ. (වෙලාවක් වෙන්කරවා ගැනීම අනිවාර්යය නොවේ. බ්‍රහස්පතින්දා දින ආයතනය වසා ඇත.)

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### Registrar:

SRI LANKA NURSING COUNCIL,  
1<sup>st</sup> Floor, Post Basic College of Nursing,  
Regent Street, Colombo 10,

E-mail : [slnc@sltnet.lk](mailto:slnc@sltnet.lk) web: [www.slnc.lk](http://www.slnc.lk) TEL : 0112693227, 0112693224 FAX : 01126932228