



# SRI LANKA NURSING COUNCIL

## APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATIONS

Under Section 18 of the SLNC Act.

PLEASE COMPLETE IN CAPITALS

FULL NAME : .....

NAME WITH INITIALS : .....

ADDRESS: (Private) : .....  
(Office) : .....

DESIGNATION: ..... PRESENT WORK PLACE: .....

SLNC registration No: ..... NIC NO: .....

CONTACT TELEPHONE No:..... GENDER: MALE/FEMALE.....

### ADDITIONAL QUALIFICATIONS TO BE ENTERED IN THE REGISTER

No.1

1. ADDITIONAL QUALIFICATION (Course Title): .....  
DURATION: .....  
DATE OF AWARD OF SUCH QUALIFICATION: .....  
NAME OF THE TRAINING INSTITUTE & THE ADDRESS: .....  
COUNTRY OF ORIGIN: .....

No.2

2. ADDITIONAL QUALIFICATION (Course Title): .....  
DURATION: .....  
DATE OF AWARD OF SUCH QUALIFICATION: .....  
NAME OF THE TRAINING INSTITUTE & THE ADDRESS: .....  
COUNTRY OF ORIGIN: .....

No.3

3. ADDITIONAL QUALIFICATION (Course Title): .....  
DURATION: .....  
DATE OF AWARD OF SUCH QUALIFICATION: .....  
NAME OF THE TRAINING INSTITUTE & THE ADDRESS: .....  
COUNTRY OF ORIGIN: .....

I certify that the particulars given by me in this application are true & correct.

.....  
Signature Of Applicant

.....  
Date

**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 TEL : 0112693227, 0112693224 FAX : 01126932228

## INSTRUCTIONS

1. The Application should be duly completed and signed by the applicant.
2. All Applicants should have followed over six-month certificate courses relating to Nursing conducted by post Basic College of Nursing / any other SLNC organized institution only may apply under this section for registration.
3. All applicants show seek registration shall make a payment of Rs.500.00 for each additional qualification should be made in any of the branches of the BANK OF CEYLON island wide to the amount of Sri Lanka Nursing council in favor of Account No. 72401415, CODE : AQ (Bank Paying – in slip should be collected at the bank)

Please calculate the amount payable as follows:

Rs. 500/- x the No. of qualifications, enter the total amount on the voucher and make the full payment to the bank.

4. The original certificate for each qualification should be produced at this office for inspection.
5. The following documents shall be submitted along with the application forms.
  - The duly completed application form.
  - The bank payment slip certified by the bank
  - The certificates of qualification – the originals must be produced by you or your repetitive for the perused of the council.
  - A photocopy of all certificated certified by the justice of peace.
6. Your application may be registered by the SLNC only if such application satisfied the stipulated criteria.
7. A CERTIFICATE OF REGISTRATION OF YOUR QUALIFICATIONS WILL BE ISSUED TO YOU WITHIN THREE WEEKS FROM THE DATE OF SUBMITTING THE APPLICATION TO THIS OFFICE.
8. If the application does not meet the above criteria it may be rejected by the SLNC with reasons assigned and the applicant may be informed of the decision.
9. The Decision of SLNC shall be final.
10. Your application will be rejected if the original certificate/National Identity Card

### Special Note.

1. A true copy of the National Identity card.
2. A true copy of the official Identity card or service letter from the Institutional Head / the Chief Nursing officer certifying the current service place of the officer.
3. The original Registration certificate issued by Sri Lanka Nursing Council and a true copy. (Your application will be rejected if the original certificate is not produced at this office)
  - සහතිකය ලබා ගැනීමට දිනයක් හා වේලාවක් වෙන් කර පැමිණිය යුතුය.
  - අයදුම්පත සම්පූර්ණ කර අදාළ ලිපිලේඛණ සමඟ ශ්‍රී ලංකා හෙද සභා කාර්යාලයට පැමිණ භාර දිය යුතුවේ. අදාළ අයදුම්පත භාර දීමේදී බ්‍රහස්පතින්දා හැර සඳුදා සිට සිකුරාදා දින දක්වා උදේ 8.30 සිට සවස 3.00 දක්වා පැමිණ භාර දිය යුතු වේ. ( අයදුම්පත බාර දීමට වෙලාවක් වෙන්කරවා ගැනීම අනිවාර්ය නොවේ.)