



# SRI LANKA NURSING COUNCIL

APPLICATION FOR  
CONFIRMATION OF REGISTRATION AS A NURSE  
(PLEASE FILL CAPITAL LETTERS)

FULL NAME : .....

.....

ADDRESS : .....

.....

SEX : .....

SLNC registration No & Date : .....

SLMC registration No & Date : .....

.....

Date

.....

Signature Of Applicant

## 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 original certificate of Diploma in General Nursing or the certificate Nursing by the Ministry Of Health/Degree certificate issued by the university of Sri Lanka accredited by SLNC and a true copy. (Your application will be rejected if the original certificate is not produced at this office)
  - d. The Bank Paying slip, duly certified by the bank that sum of Rs.5,000.00 paid by any Branch of the BANK OF CEYLON to the account of the SLNC No 72401415.
  - e. The original certificate issued by the Sri Lanka Nursing Council, & 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 documents to the Sri Lankan Nursing Council office. The relevant application must be submitted between 8.30 am and 3.00 pm from Monday to Friday without Thursday
- අයදුම්පත භාර දී සතියක් ගත වූ පසු සහතිකය ලබාගත හැක.
  - අයදුම්පත සම්පූර්ණ කර අදාළ ලිපිලේඛණ සමඟ ශ්‍රී ලංකා හෙද සභා කාර්යාලයට පැමිණ භාර දිය යුතුවේ. අදාළ අයදුම්පත භාර දීමේදී සඳුදා, අඟහරුවාදා, බදාදා, සිකුරාදා දින දක්වා උදේ 8.30 සිට සවස 3.00 දක්වා පැමිණ භාර දිය යුතු වේ. (වෙලාවක් වෙන්කරවා ගැනීම අනිවාර්ය නොවේ. ඉහස්පතින්දා දින ආයතනය වසා ඇත.)

---

### Registrar:

**SRI LANKA NUSRING 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