



# SRI LANKA NURSING COUNCIL

**APPLICATION FOR  
VERIFICATION OF REGISTRATION AS A NURSE IN ADDITIONAL QUALIFICATIONS  
(PLEASE FILL CAPITAL LETTERS)**

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

**PERSONAL ADDRESS** : .....

**SEX** : .....

**COURSE TITLE** : .....

**DURATION** : .....

**DATE OF AWARD OF SUCH QUALIFICATION** : .....

**NAME OF THE TRAINING INSTITUTION** : .....

**SLNC REGISTRATION NO & DATE** : .....

**ADDITIONAL QUALIFICATION REGISTRATION NO & DATE:** .....

**MEDIUM OF INSTRUCTION & EXAMINATION** : .....

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**Signature of Applicant**

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**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.2,500.00 paid by any Branch of BANK OF CEYLON to the account of the SLNC No 72401415.
  - d. A true copy of SLNC registration certificate..
  - e. The original certificate of additional qualification certificate issued by the Ministry of Health and a true copy.
  - f. A true copy of SLNC ID 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. 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 relevant application should be completed and submitted along with the relevant document to the Sri Lanka Nursing Council Office.
4. Between 8.30 a.m. and 3.00 p.m. from Monday to Friday without Thursday.
5. It is not compulsory to book an appointment.

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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@slt.net.lk](mailto:slnc@slt.net.lk) web:www.slnc.lk TEL : 0112693227, 0112693224 FAX : 01126932228**