FORM C

CERTIFICATE OF EXPERIENCE

INTERNSHIP CERTIFICATE

The Director of the Hospital in which the first period of the Internship has been served should complete Part A, before the second part of the Internship is to be served. If the second part of the Internship is in the same Institution, the form should be retained by the Medical Director concerned and forwarded to the Registrar, Sri Lanka Medical Council, on the day following the date of completion of the full Internship together with the appropriate form of declaration specified by the Medical Ordinance (Cap. 105) and in Section 9 of the (Amendment) Act No.16 of 1965 by the person who is applying for full registration.

PART "A"

I, certify that

……

……

(Full Name in block Letters)

of official Address ……

.....

Permanent Address ……

……

has satisfactorily completed a recognized appointment as a resident intern in :

……

(name of specialty)

For the period of Six (6) Months from : …….

To : ……

In terms of Section 32 of the Medical Ordinance (Cap. 105)

.....	.....	.....
Name of Consultant with Qualifications Rubber Stamp (Seal)	Official Designation	Signature of Consultant
.....	…….	.....
Name of Medical Director	Institution	Signature of Medical Director and Date

On completion of the second half of the Internship, the Medical Director concerned should forward this form duly prefected to the Registrar Sri Lanka Medical Council together with the declaration form already referred to.

PART "B"

I, certify that (Full Name of Intern in block letters) ……

……

of Official Address.....

Permanent Address ……..

……

has satisfactorily completed a recognized appointment as a resident intern in :

(name of Specialty) ....

for the period of Six (6) months from :……

to :……

in terms of Section 32 of the Medical Ordinance (Cap.105)

.....	.....	.....
Name of Consultant with Qualifications Rubber Stamp (Seal)	Official Designation	Signature of Consultant
.....	.....	.....
Name of Medical Director Rubber Stamp (Seal)	Institution	Signature of Medical Director and Date

Office use

PART "C"

I a m satisfied that Dr.....has fulfilled

the conditions required by Section 32 of the Medical Ordinance.

……	…….
Date	Registrar Sri Lanka Medical Council