



*College of General Practitioners of Sri Lanka*

*Application for Admission to the*

*MCGP Course*

### ***Instructions to fill the Application form***

- 1. Please read the Prospectus of the MCGP Course and Examination before you fill out this application form***
- 2. Use Capital letters to fill out the application form*
- 3. All sections of the application must be completed. Incomplete applications will be rejected*
- 4. Requested Certified Copies of Educational Qualifications and SLMC registration & renewal must be attached*
- 5. Acceptance to the MCGP Course will be subject to the approval of the MCGP Board*
- 6. The College of General Practitioners of Sri Lanka reserves the right to amend the course schedule as necessary.*





**(D) Internship Work Experience**

Hospital	Discipline	Year (from – To)	

**(E) Post Internship Work Experience**

Hospital/Healthcare Institution	Discipline	Year (from – To)	

**(F) General Practice Experience**

Type	Address	Year (from – To)	
Solo			
Partnership			
Locum			

*\* Please attach certified copies of relevant documents*

**(G) Other Primary Care Experience**

Hospital/Healthcare Institution	Discipline	Year (from – To)	

**(H) Course fees**

*Registration fees* - Rs 5,000.00  
*Course fees* -Rs 150,000.00  
*Examination fees* -Rs 25,000.00

**(I) Refund Policy**

*No refund will be considered after enrolment for the course*

**(J) Declaration**

*I declare that the information given above is true and correct and I will abide by all the rules and regulations as set by the College of General Practitioners of Sri Lanka.*

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**CHECK LIST:**

1. Fully completed application from (all sections)
2. One copy of NIC or relevant page of passport
3. Certified copies of Educational and professional Qualifications
4. Certified copies of SLMC registration/renewal
5. Passport size photograph

For Office Use

Date Received \_\_\_\_\_

Receipt No: \_\_\_\_\_

Received by \_\_\_\_\_

Checked By \_\_\_\_\_

Payment mode:

Full Payment

Part Payment

Cash

Cheque

Bank/Cheque No \_\_\_\_\_

Application approved for Intake

Yes

No

Remarks

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