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Sri Lanka Nursing Council, 1<sup>st</sup> Floor, Post Basic College of Nursing, Regent Street,  
Colombo -10

Website: [www.slnc.lk](http://www.slnc.lk)

Contact No: 0112693227, 01126932224 Fax: +94 11 2693228 Email: [slnc@sltnet.lk](mailto:slnc@sltnet.lk)

## APPLICATION FOR TEMPORARY NURSING REGISTRATION Diploma in Nursing / BSc Graduate

Use this Form for Temporary Registration. Additional details should be added on separate paper. Fill the application with black ink. Fill with block letters.

1. Personal Information	
Full Name:..... ..... .....	Name with initials:..... ..... .....
Date of Birth:            Gender: / /                    Male <input type="checkbox"/> Female <input type="checkbox"/>	Country of Citizenship:    Country of Birth:
Residential Address:	Postal Address (Local):
Telephone – Home:	Work:
Mobile:	Email:
National Identity Card No:	Passport No (If Available):

2. Nursing Qualification:	
Qualification Obtained	:
School of Nursing/University	:
Final Exam (Index No and date of examination)	:
Year & Length of program (Started date and date of end)	:
Language of instruction of course	:
District	:
Province	:

3. Declaration by Applicant :
<ul style="list-style-type: none"><li>▪ I undertake to comply with all relevant legislation and Council guidelines, regulations, codes &amp; standards.</li><li>▪ I undertake to cooperate with the Council in all matters including complaints and disciplinary.</li><li>▪ I consent to the Registrar verifying any information provided by me in this form.</li><li>▪ I make this declaration in the knowledge that a false statement may amount to perjury and revoke my practicing certificate.</li><li>▪ I undertake to uphold the Nursing profession in high esteem.</li></ul>

**I certified that above particular details given by me are true and Correct.**

Signed: .....

Date: ...../...../.....

Name:.....

Place: .....

**To be filled by Head of the institute**

<b>4. Disciplinary Inquiries and Charges (concluded &amp; pending):</b>		
<b>Date</b>	<b>Country</b>	<b>Details and Outcome</b>

**5. Professional Indemnity:**

I certify this student complete his/her nursing education in this institute from.....to  
.....

Recommendation of the Head of the Department/ Principal School of Nursing :

Signature and stamp:.....

Date:...../...../.....

**6. Payment:**

The payment should be deposit five hundred rupees (Rs.500) to the Bank of Ceylon (BOC) account (Account Number 72401415).Your payment receipt should be provide to the SLNC.

**For Official Use Only:**

- Date received : .....
- Receipt Number : .....
- Approved or Not Approved

Category(s) of Registration Sought:

**Dates: From ..... until..... [Valid for one year only]**

.....  
**SIGNATURE AND STAMP OF REGISTRAR**

.....  
**DATE**

# INSTRUCTIONS

1. Download the application form from our website ([www.slnc.lk](http://www.slnc.lk)).
2. Submit the duly filled temporary registration form to the **Principal of the Nursing School** or Head of the Department of the University.
3. Attach the payment slip and true copy of the National Identity Card.
4. You should get permanent registration after one year. It is compulsory to get permanent registration during that period. If you are unable to do so, your registration will be discontinued.
5. You should submit the permanent registration form along with your **Temporary registration certificate** which issued by Sri Lanka Nursing Council. (Original should be submit to the SLNC for checking purpose and your application will be rejected if the original certificate is not produced at this office)
6. All the information about permanent registration are available in our website ([www.slnc.lk](http://www.slnc.lk)).
7. Paste one passport size blue background coloured photograph. (Uniform photos for students of Nursing School and approved photo of university students with saree and coat).
8. Collect your **Temporary registration certificate** from your relevant **Nursing School** or University.
9. Collect your **Temporary registration certificate** after four (4) weeks from submission of the **temporary registration form** to **SLNC** by Nursing School or University.