Application for Duplicate Certificate

1. Full Name:.....

   .....

2. National ID No: .....

3. Address: .....

4. Contact Nos:.....Email Address:.....

5. Certificate Awarded:.....
   (Please annex if a copy of the original certificate or transcript is available with applicant)

6. Date of Award of the Certificate: .....

7. Reason of Applying for a Duplicate Certificate (Please see Note 1): .....

   .....

I do hereby certify that the above information furnished by me are true and accurate.

Date:..... Applicant's Signature:.....

Note
If the original certificate is lost, documentary evidence (Affidavit & Police Report, should be produced along with the application by the applicant to prove that the original is lost)

Payment:

The CMCC will charge Rs. 10,000/- per duplicate certificate. Applicant will be notified by the Council to make the payment after the applicant's results is verified by the Examinations Branch. Applicants can make the payment credited to **"Ceylon Medical College Council" Account No: 167 100 120 020 892 Peoples** Bank, Town Hall, Sri Lanka and forward the Bank Receipt to the CMCC.

Office Use Only

Results of the above student checked by (Name of the Subject clerk):.....

Payment receipt no:.....

Date:..... Signature:.....

Results confirmed by Deputy Registrar:.....

.....

Date:..... Signature:.....

Approved by the Registrar