

Notice
Request for Recorrection of Answer Scripts
External Pharmacists' Examination

1. The Ceylon Medical College Council has approved a fee of Rs. 3000/= for recorrection of answer scripts.

2. Use the following form for applications, and do not write rambling stories

• Name of applicant: Surname:.....

Initials:.....

• Applicant's NIC No:

• Month/Year of examination:

• Index (exam) number:.....

• Applicant's Address, Email address & Contact No:

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• Closing Date: **17th March 2025.**

You should be paid at any Branch of People's Bank to the credit of Ac No 167-1-001-2-0020892, Town Hall Branch

Send a completed form along with the payment slip attached, and a stamped addressed envelope for our reply (Registrar, Ceylon Medical College Council, Faculty of Medicine, Kynsey Road, Colombo 8)

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Date

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Applicant's Signature