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:
	• Closing Date: 12 th December 2025.

The fee should be paid at any people's Bank Branch to the credit of people's Bank Twonhall Branch A/C No 167-1-001-2-0020892. Please send the proof of payment (scanned copy of the SLIP/online transfer receipt) to the email, cmcc.ext@gmail.com on or before 12th December 2025

*Please mention your index number on the bank slip or the transfer description of the online banking