



Affix a colour photograph of 35mm x 45mm taken within last six months

Veterinary Council of Sri Lanka

(Established under the Veterinary Surgeons and Practitioners Act No.46 of 1956)

APPLICATION FOR PROVISIONAL REGISTRATION

Name with Initials :

Full Name :

Date of Birth :

Permanent Address :

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Address for Correspondence ;

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Contact Number(s) :

E-mail Address :

Professional Qualification :

Effective Date :

Name and Address of the Institute :

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- Documents to be attached :
1. Certified copy of the degree certificate or provisional degree certificate
 2. Certified copy of birth certificate
 4. One character certificate

I hereby declare that the information submitted above is true and accurate to the best of my knowledge.

.....
Date

.....
Signature

FOR OFFICIAL USE ONLY

Provisional Registration No. :

Date of Registration. :

Signature of the Registrar :

