



# PRIVATE HEALTH SERVICES REGULATORY COUNCIL

## Ambulance Services

1. Name of the Ambulance Services -
2. Address -
3. Date of Establishment -
4. Province -  District -
5. Name of the person operating the Ambulance Service-
6. Number of Doctors available -  
[Please attach a list of doctors names and their Sri Lanka Medical Council (SLMC) registration numbers]
7. Number of Nurses available -
8. Number of Ambulances -
9. Model -
10. Facilities available -
11. Equipment available -

12. Number of Drivers available -  
(Please attach a list of names and their driving license numbers)

13. Extracts of the RMV registration -

14. **Provincial Director's Comments -**

**Name of the Provincial Director of Health Services -**

.....  
*Signature*

.....  
*Seal*

.....  
*Date*