# Ministry of Healthcare and Nutrition

## PRIVATE MEDICAL INSTITUTION REGISTRATION FORM

## Registration Form for Part Time Private Dental Surgeries

**REGISTRATION NO:** _____

To be specified by the Ministry

### GENERAL INFORMATION

1. Name of the person operating or maintaining the institution –
2. a) Address
   b) Telephone No i. Official
      ii. Private

3. Name of the institution-
4. a) Address -
   b) Telephone no -

5. Location–

| | |
|---|---|
| Province | |
| District | |

6. Details of the Dental Surgeons and other staff attached to the institution as at the date of application:
   a) Name:
   b) Address:

| | |
|---|---|
| Private | |
| Work place | |
| Private practice (I) | |
| Private practice (II) | |

If there is more than one Dental Surgeon engaged in the medical profession the details of such medical staff and others be submitted as a separate annexure along with this application.

c) Communication:

| | |
|---|---|
| General Tel. No: | |
| Fax No: | |
| Mobile No: | |
| E-mail No: | |

d) SLMC Registration No:

e)

| Qualifications | Basic | Post Graduation | Year | University | Country |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

f) Government officer or not (If yes name of the institution and the post held by the officer currently) –

g) Type of practice –

| | |
|---|---|
| Part time | |
| Group | |
| Individual | |
| Private hospital/ Nursing Home | |
| Private Dental Practitioner: | |

h) Hours of practice –

7. Method of record keeping – Computer based record systems ☐
Manual record keeping ☐

8. Availability of visiting specialists –

9. Dental laboratory facilities –

10. X-ray facilities –
    a. The number of licence issued by the Atomic Energy Authority

11. Emergency kit available or not –

12. Any other facilities (specify): available/ offered

13. Ownership:

    Own practice: ☐ Locum: ☐

14. Practicing as a,

    General Dental practitioner: ☐ or Specialist: ☐

    If so, what is your speciality?

15. Clinical waste disposal method –

16. Method of sterilization of instruments & dressings –

17. Availability of an appointment system? Yes ☐ No ☐

18. Equipment and Facilities (annex a list) available to provide services –

19. If the application is for renewal, whether a copy of the existing registration is attached –

Yes ☐ No ☐

20. The number of the existing certificate of registration –

21. The period of the validity of the certificate | Up to |

22. Whether fee is paid, if so the original copy of the receipt is attached

Yes ☐ No ☐

I certify that the above information is true and correct. I further declare that the information furnished by me found to be incorrect or false at any stage my application or certificate of registration can be cancelled or suspended by the authority.

Signature of the person operating or maintaining the institution: -
Name: -
Designation: - Date:

Return after completion through the relevant Provincial Director of Health Services to,

Secretary,
Private Health Services Regulatory Council,
Ministry of Healthcare and Nutrition,
"Suwasiripaya",
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo - 10.
Sri Lanka.
Tel: 0112674680

The above application is forwarded herewith

Signature Seal .....
**The relevant Provincial Director of Health Services** Date