Tertiary Care Services – Ministry of Health

Ref No: ___/___/_____

Application for a Temporary Clinical Attachment

1. Name with Initials: Mr/Ms/Mrs.....
2. Permanent Address:.....
   .....
   .....
3. Phone No [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
4. Email:.....
5. NIC No: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
6. Pass Port No: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
7. Temporary SLMC Reg No(If Available) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
8. Name Of the University/Medical college: .....
   .....
9. Country:.....
10. Name of the Degree: MD [ ] MBBS [ ] Other: .....
11. Medium of Instruction: .....
12. Name of the preferred hospital for temporary attachment:

1.
2.
3.
4.

I declare that the above furnished details are true to the best of my knowledge

....

Signature Date

Office Use Only

No	Checked	Document	Remarks
1		Degree Certificate	
2		Degree Approval Letter by SLMC	
3		Temporary Reg No/ID	
4		Birth Certificate	
5		National Identity Card	
6		Passport	

Note:
Please hand over this application to Tertiary Care Services-Ministry of Health for the processing of the work.

For further inquiry: Phone/Fax : **0112699145** Email: **dtcs.moh@gmail.com**

Action Taken: