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The Gazette of the Democratic Socialist Republic of Sri Lanka

EXTRAORDINARY

අංක 2468/23 - 2025 දෙසැම්බර් මස 24 වැනි බදාදා - 2025.12.24

No. 2468/23 - WEDNESDAY, DECEMBER 24, 2025

(Published by Authority)

PART I : SECTION (I) — GENERAL

Government Notifications

REGISTRATION OF HOMOEOPATHIC MEDICAL PRACTITIONERS

THE Homoeopathic Medical Council has decided to extend the last date for calling applications for the third examination for the registration of homoeopathic practitioners in accordance with Section 30(1) of the Homoeopathy Act, No. 10 of 2016. This is the final call for applications and applications are open to Sri Lankan citizens who have been practicing homoeopathy for more than 5 years as on 26.07.2024, have not yet submitted applications, and meet the following qualifications. (Form attached.)

The application should be filled in English in clear capital letters as per the format attached to this announcement and the following documents and application examination fee should be attached. The amount of Rs. 3,000.00 should be credited to the account number 0002026466 of the Homoeopathy Fund of the Bank of Ceylon and the original copy should be attached and forwarded to the Medical Council.

1. A Certificate issued by the Grama Niladhari
2. Bills and receipts for the purchase of homoeopathic medicines;
3. Homeopathic file records
4. Certificate issued by the relevant Local Government Institution
5. Payment receipts issued by the relevant Local Government Institutions for their clinic premises

The last date for receipt of applications is 31st December 2025 and applications should be received by the Medical Council by registered post or in person at the address “Secretary, No. 94, Shelton Jayasinghe Mawatha, Welisara, Ragama” before 12.00 noon on that day.



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I කොටස : (I) ඡේදය - ශ්‍රී ලංකා ප්‍රජාතාන්ත්‍රික සමාජවාදී ජනරජයේ අති විශේෂ ගැසට් පත්‍රය - 2025.12.24
PART I : SEC. (I) - GAZETTE EXTRAORDINARY OF THE DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA - 24.12.2025

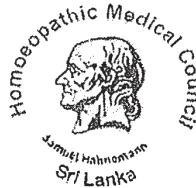
There are 9 subjects for this examination. The cut-off mark for passing each subject is 35, and candidates who score 35 or more marks are considered to have passed that subject. It is mandatory to pass all 9 subjects at once to obtain registration. Failure in even one subject without obtaining the required cut-off marks is considered a disqualification to obtain registration.

The venue, date and time of the examination will be sent to qualified candidates via registered mail to the address specified in your application.

Registrar (*Acting*).

No.94,
Shelton Jayasinghe Mawatha,
Welisara,
Ragama.

Format of Application



HOMOEOPATHIC MEDICAL COUNCIL

HOMOEOPATHIC PRACTITIONER'S REGISTRATION EXAMINATION

Under Section 30(1) of Homoeopathy Act, No. 10 of 2016

Application Form

Official use

Reference No. :.....

Date of receipt :.....

Medium : - Sinhala
Tamil
English

1. Full Name (in BLOCK CAPITAL) :

2. Name with initials :

3. Postal Address (in BLOCK CAPITAL) :

No. :.....

Street/Village :.....

City :.....

Postal Code :.....

4. Date of Birth :..... 5. Age :..... 6. Sex : F/M

7. National ID No. :.....

8. Telephone Number :

Home :..... Clinic :..... Mobile :.....

9. Permanent/Residential Address :

.....

10. Grama Niladhari Division :.....

11. Divisional Secretary Division :.....

12. Police Division :.....

13. Place and Address of Practice :

.....

14. Period of practice :.....

15. Time allocated for Homoeopathic Practice :.....

16. (i) Are you engaged in any other vocation ? Yes / No

(ii) If yes give details :.....

17. How do you obtain your Homoeopathic Medicines and Utilities ?

18. Educational Qualifications :

G. C. E. (O/L) Year :.....

Subjects	Grade
1	
2	
3	
4	
5	
6	
7	
8	

G.C.E. (A/L) Year:

Subjects	Grade
1	
2	
3	
4	

19. Medical or other Professional Qualifications (if any) :.....

20. Proficiency in English :

(i) Written :

(ii) Communication :

21. (i) Have you ever applied for Homoeopathic registration under Section 27 of Homoeopathy Act, No. 7 of 1970 ?
Yes / No

(ii) if yes, give details :.....

22. Declaration :

I the under signed of do hereby declare that all the information given by me in this application are true to the best of my knowledge. I accept that any of the information given by me in this application is in any way false or incorrect, my application may be rejected. I am also aware that it is a violation of the Homoeopathy Act to provide false information. Having known them I do affix my signature at on the day of 20

Date :.....

Signature :.....

23. Certification :

I, the Grama Niladhari of GS Division do hereby certify that the applicant is a resident of the above division and he/she is in homoeopathic practice since.....

Name :.....

GS Division :.....

Date :.....

Signature :.....

24. Certificate of Divisional Secretary :

I certify that the above statement is true and correct.

Date :.....

Signature :.....

Official Use

Date of Receipt		Interview held on		
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(a) Name of the Candidate :

(b) NIC No. :

(c) Reference No. :

(d) Result : Selected Rejected

(e) Signature of Members of interview board.

Name	Signature
1.
2.
3.
4.
5.

(f) Comments if any :

(g) Confirmed by the Registrar : Yes / No

(h) Signature of the Registrar :

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