



Ministry of Healthcare and Nutrition

Registration Form for Part Time Private General Practices/ Dispensaries/ Medical clinics

REGISTRATION NO:

PHSRC/REP/1084

Official use only

GENERAL INFORMATION

1. Name of the person operating/ maintaining the institution – **B. D.M. BEYANWILA**
2.
 - a. Address (Official) – **RETIRED.**
 - b. Address (Private) – **NO 165, NETTAMBUWA RD, PATTALAGEEDARA**
 - c. Telephone No **033-2246399** **071-8241374** **VEYANGODA**
 - d. The relationship with the institution – **OWNER**
3. Name of the medical institution: – **MEDICAL CENTRE**
 - e. Address – **NO 165, NETTAMBUWA RD, PATTALAGEEDARA,**
 - f. Telephone no (Official) – **033-2246399** **VEYANGODA**
 - g. E-mail – **mangala beyanwila 59@gmail.com**
 - h. Web site – **-**
4. Location of the institution –

Province	WESTERN
District	GAMPAHA
5. The details of the medical staff including Doctors, Consultants engaged in the medical profession under this institution to be provided as an annexure -
 1. Name of the Medical Officer/ specialist as at the date of application: **DR. B.D.M. BEYANWILA**
 2. Name of the Medical College in which the degree was obtained: **SRI LANKA MEDICAL**
 3. Country: **SRI LANKA** **COLLEGE, UNIVERSITY OF PERADENBYA**
 4. Names of the other personnel and the category: **-**
 5. Place of permanent employment of the specialist/ Medical Officer/ others:
 - a. Government: **-**
 - b. Others (Specify): **RETIRED**

(If it is government, the name and address of the hospital/ medical institution and the post held by the officer currently):
6.
 - a) Basic degree: **R.M.O**
 - b) The Name of the medical college in which the degree was obtained: **SRI LANKA MEDICAL COLLEGE, UNIVERSITY OF PERADENBYA**
7. Post Graduate qualifications with date and the name of the degree awarding institutions **-**
8. SLMC Registration no and Date: **2209** **- 1998.02.16.**

9. Type of practice: -

Group	
Individual	<input checked="" type="checkbox"/>
Other	

10. Hours of practice: - 5.00 PM - 9.00 PM

11. Method of record keeping: - Computer based record systems
Manual record keeping
Others

<input checked="" type="checkbox"/>

12. Facilities for specialists' consultation: - NO

13. Availability of medical lab: - NO

14. Dispensary: - YES

15. Whether Radiology Services available: - NO

16. If so the number of the license issued by the Atomic Energy Authority - -

17. Any other facilities (specify): - Available/ Offered -

18. Ownership of premises: - MY OWN PROPERTY

19. Practicing as a,

General Practitioner:

☒

or

Specialist:

☐

If so, what is your speciality?

20. Method of Clinical waste disposal - BURN & BURRY

21. Method of sterilization of instruments & dressings - -

22. Availability of an appointment system? Yes ☐ No ☒

23. If the application is for renewal whether a copy of the existing registration is attached - YES

24. The number of the existing certificate of registration - PHSRC/PCP/1084

25. The period of the validity of certificate Up to 2022.12.31

26. Whether fee is paid, if so the original copy of 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: - DR. B. D. M. BEYANWELA

Designation: - R.M.O.

Date: 2022/12/23

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
The relevant Provincial Director of Health Services

Seal

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Date