



Ministry of Healthcare and Nutrition

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

REGISTRATION NO:

PHSRC/FGP/161

Official use only

GENERAL INFORMATION

1. Name of the person operating/ maintaining the institution -
 - a. Address (Official) – Mahinda Medica Centre, Hospital Junction, Hingurakgoda.
 - b. Address (Private) – "Mahinda" Medica Centre, Hospital Junction, Hingurakgoda.
 - c. The relationship with the institution - Owner

2. Name of the medical institution: –
 - a. Address– Mahinda Medical centre, Hospital Junction, Hingurakgoda.
 - b. Telephone (Official) – 027-2246246
 - c. E-mail – mahindakarunaratne@gmail.com
 - d. Web site –

3. Location of the institution –

Province	N.C.P
District	Polonnaruwa

4. The details of the medical staff including Doctors, Consultants engaged in the medical profession under this institution to be provided as an annexure -
 - a) Names of the specialists as at the date of application:
 - b) Names of the Medical Officers: Dr.M.A.Mahinda Krunarathna
 - c) Names of the other personnel and the category:
 - d) Place of permanent employment of the specialist Medical Officer/ others:
 - a. Government
 - b. Other (Specify)
 - e) Whether full time or part time: Full Time
 - f) The name of the medical college in which the degree was obtained: Peradeniya
 - g) Country: Sri Lanka
 - h) Basic degree: R.M.O
 - i) Post Graduate qualifications and date and the name of degree awarded institute:
 - j) SLMC Registration no and Date: 2127 26.05.1997

5. Place of permanent employment of the specialist Medical Officer/ others:
 - a. Government:
 - b. Other (Specify):

If it is government the name and address of the hospital/ medical institution and the post held by the officer currently:

6. Type of practice: –

Group	
Individual	Yes
Other	

7. Hours of practice: – 8.00 A.M -1.00 P.M

4.00 P.M - 9.00 P.M

8. Method of record keeping: – Computer based record systems
Manual record keeping
Others

Yes

9. Facilities for specialists consultation: – Yes

10. Availability of medical lab: – Collecting Centre

11. Dispensary: – Yes

12. Radiology Services: –

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

14. Any other facilities (specify): –

15. Ownership of premises: – Own

16. Practicing as a,

General Practitioner:

Yes

or

Specialist:

If so, what is your speciality?

17. Method of Clinical waste disposal – Disinfection and incineration

18. Method of sterilization of instruments & dressings – Boiling with electrical sterilizer

19. Availability of an appointment system?

Yes

Yes

No

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

21. The number of the existing certificate of registration – PHSR/FGP 161

22. The period of the validity of certificate

Up to 31.12.2022

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

☐

No

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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.M.A.Mahinda Karunarathna

Designation: - Director

Date: 22.12.2022

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

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Date