



## Ministry of Healthcare and Nutrition

### REGISTRATION FORM FOR OTHER PRIVATE MEDICAL INSTITUTIONS

**REGISTRATION NO:**

*Official use only*

#### GENERAL INFORMATION

1. Name of the Institution - Medisi Pharmacy and Dispensary (Pvt) Ltd

2. Address - No.05,  
Srimath Jayathilake  
Mawatha,  
Nuwara Eliya

3. Communication -

General tel. no.	052-2235446
Fax no.	-
E-mail	Sumith1968sl@gmail.com
Web site (If available)	-

4. Location of the institution -

Province	Central
District	Nuwara Eliya

5. Name of the person who is operating or maintaining the institution – Mr.A.L.A.Sumith Kumara

a. Address – No.05, Srimath Jayathilake Mawatha, Nuwara Eliya

b. Telephone No (Official): -052-2235446

(Private): - 0763946011

c. The relationship with the institution –Owner

6. **Type of the institution** – (Tick on appropriate cage)

i. Home Care Nursing Services	<input type="checkbox"/>
ii. Blood Bank	<input type="checkbox"/>
iii. E-medical Systems	<input type="checkbox"/>
iv. Other	<input checked="" type="checkbox"/>

7. **Ownership status** – (Tick on appropriate cage)

i. Public company	-
ii. Private company	<input checked="" type="checkbox"/>
iii. Other	.....

8. 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.D.S.T.Senavirathna/Dr.P.A.C.Sujatha Gunathilaka
- c) Names of the other personnel and the category:
- d) Place of permanent employment of the specialist/ Medical Officer/ others:
  - a. Government: General Hospital, Nuwara Eliya
  - b. Other (Specify):
- e) Whether full time or part time : Part time
- f) The Name of the medical college in which the degree was obtained:
- g) Country:Sri Lanka
- h) Basic degree:MBBS
- i) Post graduate qualifications and date and the name of degree awarded institute
- j) SLMC registration no and date:17246 – 30.12.2019 / 1536 – 01.01.2025  
Dr.P.A.C.Sujatha Gunathilaka
- k) Whether employed in government or not (If employed in government the post held by the officer currently and the place of work):  
General Hospital, Nuwara Eliya

If there is more than one person working in the institution such details should be submitted as an annexure along with this application.

9. Date of establishment –

10. Company/ Business registration no.-

11. BOI registration (if any) - .....

## 12. HUMAN RESOURCES –

### i. Administrative staff

Designation	Name	Mobile/ Contact tel: no:
Owner/ Chairman	Mr.A.L.A.Sumith Kumara	0763946011
Medical Director/ In charge Medical Council Reg. no:	Dr.D.S.T.Senavirathna	0773702366
Nursing in charge Medical Council Reg. no:	Dr.P.A.C.Sujatha Gunathilaka	052-2235446

### ii. Other technical staff and their registration –

13. i. Brief description of services

### 13. ii. UNITS & FACILITIES

Facilities	Yes/ No	Facilities	Yes/ No
Out Patient Department	Yes	CT Scanners	-
Consultation rooms	Yes	Ultra Sound Scanners	-
Emergency Treatment unit	-	Physiotherapy	-
Blood Bank	-	CSSD	-
Fully/ Semi Automated lab	-	Pharmacy	Yes
Dental Surgery	-	Waste disposal system	-
Cardiology	-	Patient Record System	-
Dialysis unit	-	Ambulance	-
Immunization center	-	Parking	Yes
Radiology	-	Training facilities	-
MRI Scanners	-	Others (please specify)	-

If more than 01 unit please indicate the number

14. If Radiology and X-Ray facilities are available, the number of the license issued by the Atomic Energy Authority -

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

16. The number of the existing certificate of registration –

17. The period of the validity of certificate 

Up to
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18. 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: - Mr.A.L.A.Sumith Kumara

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