



Ministry of Healthcare and Nutrition

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Registration Form for Full Time Private General Practices/		
Dispensaries/ Medical clir		
37.050.100.1200		
REGISTRATION NO:	Danka wilakawa	
	Official use only	
GENERAL INFORMATION		
1. Name of the person operating/ maintaining the institut	ion-5. POORANA CHANDRA	
b. Address (Private) - J ALADY; V	ALVETTITURAL	
c. The relationship with the institution - D1	RECTOR	
2. Name of the medical institution: -WELWIS	H MEDICAL CENTRE	
a Address as above		
b. Telephone (Official) - 021-226	-5152	
c. E-mail –		
d. Web site –		
3. Location of the institution –		
Province NORTH	A 1800 (A 1800 (A) H	
District TAFFNA		
January 10 Stellar		
4. The details of the medical staff including Doctors,	Consultants engaged in the	
medical profession under this institution to be provided as		
a) Names of the specialists as at the date of application		
b) Names of the Medical Officers: NLL	in to to mindulate A section of the	
c) Names of the other personnel and the category:	MIL	
d) Place of permanent employment of the specialist N	fedical Officer/ others:	
a Government		
b Other (Specify)	, 0800-12:00 HRS	
b. Other (Specify) e) Whether full time or part time: FULL TIM f) The name of the medical college in which the degr	F (1600 - DIDOCHRS	
f) The name of the medical college in which the degr	ee was obtained:	
g) Country: SRI LANKA		
h) Basic degree: R.EG.D. MEDICAL	PRACTITIONER	
i) Post Graduate qualifications and date and the name		
j) SLMC Registration no and Date: 1090	Dated 09/02/201	
5. Place of permanent employment of the specialist M	ledical Officer/ others:	
a. Government:		
b. Other (Specify):	MON ON A DOOR WILL AND SHADE ON THE	
. If it is government the name and address of the ho	ospital/ medical institution and	
the post held by the officer currently:		

name to en elegant Explorer

6.	Type of practice: –
	Group
	Individual Other
7.	Hours of practice: 50800 AM till 12:00 NOON?
8.	Method of record keeping: — Computer based record systems
	Manual record keeping Others
9.	Facilities for specialists consultation: —
10.	Availability of medical lab: — —
11.	Dispensary: - Y E S
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: - SELF
16.	Practicing as a,
	General Practitioner: or Specialist:
	If so, what is your speciality?
17.	Method of Clinical waste disposal - INCINERATUR
18.	Method of sterilization of instruments & dressings - ELECTRIE STERILIZ
19.	Availability of an appointment system? Yes No
	If the application is for renewal whether a copy of the existing registration is $ttached - \checkmark E S$
21. T	he number of the existing certificate of registration - PHSRC/FGP/ 444
	The period of the validity of certificate Up to 31-12-2022
23. V	Whether fee is paid, if so the original copy of receipt is attached yes No
infor	rtify that the above information is true and correct. I further declare that the mation furnished by me found to be incorrect or false at any stage my application entificate of registration can be cancelled or suspended by the authority.
Name	e:- S.POORANA CHANDRAY pration:- REGD. MEDICAL Date: 10/12/2022

Private Health Services Regulatory Council

SRI LANKA MEDICAL COUNCIL

31, NORRIS CANAL ROAD, COLOMBO 10, SRI LANKA

RENEWAL OF REGISTRATION - 2020

SUBRAMANIAM POORANACHCHANDRAN

has complied with the section 26(A) (1) of the Medical Ordinance and renewed registration under section 41 as a Persons Entitled to Practise Medicine & Surgery.

Registration No: 1090

Date of issue: 09.12.2019

REGISTRAR SRI LANKA MEDICAL COUNCIL

This renewal is valid until January 01st 2025.