

COLLEGE OF GENERAL DENTAL PRACTITIONERS – SRI LANKA

APPLICATION FOR ADMISSION TO THE MCGDP COURSE – 2026

Full Name: _____

Address: _____

Email Address: _____

Telephone Number: _____ / _____

Qualification B.D.S. : _____

Year of Graduation: _____

Other Professional Qualifications: _____

SLMC Registration Number: _____

Period of General Dental Practice: _____

Current Place of Work: _____

Documents to be Attached

- B.D.S. Degree Certificate
- SLMC Registration Certificate

Declaration

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Course Information

Course Duration: 2 Years Fees – Rs 195,000/- for course - Selection Exam Rs. 5,000/-

Teaching Methodology:

- Lectures every Sunday
- Supervised Clinical Practice at the Faculty of Dental Sciences, Peradeniya & Dental Faculty University of Sri Jayewardenepura, Practicals, Visits, Distance Education, Workshops, Assignments & Portfolio

Please send a Cheque or draft of Rs 5,000/- in favor of College of General Dental Practitioners if you wish to enroll for course

Contact & Payment Details:

Postal address:

GDPA, C/o, SLDA, OPA Building, 275/75

Prof. Stanley Wijesundera Mawatha, Colombo 07

Email: cgdp.srilanka@gmail.com

Account Details:

College of General Dental

practitioner of Sri Lanka,

Nation Trust Bank,

100150005547,

Borella Branch