



## Ministry of Healthcare and Nutrition

### REGISTRATION FORM FOR PRIVATE AMBULANCE SERVICES

**REGISTRATION NO:**

Official use only

#### GENERAL INFORMATION

1. Name of the Ambulance services -
2. Address -
3. General tel. no. -  
Fax no.-  
E-mail address -  
Web site address (if available) –
4. Name of the person operating/ maintaining the ambulance service –
  - a. Address–
  - b. Telephone No (Official): -  
(Private): -

5. Whether a public company or not -

Yes	No
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6. Details of the Ambulances -
  - i. No of Ambulances –
  - ii. Model –
  - iii. Facilities available –
  - iv. Equipment –
  - v. Health staff to accompany patients –
  - vi. Extracts of the RMV Registration –
  - vii. Names of the Drivers –
  - viii. Copies of the driving License –

7. i. **Administration staff**

Designation	Name	Mobile/ Contact tel. no.
Chairman	.....	.....
CEO/Managing Director	.....	.....
Administrative Officer	.....	.....
Accountant	.....	.....
Other Major Staff	.....	.....

- ii. Staff members -
  - a. Names of the Doctors and qualifications and SLMC registration numbers
  - b. Names of the Nurses and qualifications and SLMC registration numbers
  - c. Whether employed in government, If so the post hold currently and the place of work):

8. Facilities and machinery available - (attach as an annex)

9. Total investment –

10. Location of the institution -

Province	
District	

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

12. The number of the existing certificate of registration –

13. The period of the validity of certificate Up to

14. 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: -

Designation: -

Date:

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**

.....  
Date