

ශ්‍රී ලංකා ප්‍රජාතාන්ත්‍රික සමාජවාදී ජනරජයේ ගැසට් පත්‍රය
අති විශේෂ
The Gazette of the Democratic Socialist Republic of Sri Lanka
EXTRAORDINARY

අංක 1489/18 – 2007 මාර්තු 22 වැනි බ්‍රහස්පතින්දා – 2007.03.22
No. 1489/18 – THURSDAY, MARCH 22, 2007

(Published by Authority)

PART I : SECTION (I) — GENERAL

Government Notifications

L.D.B. 8/2006.

PRIVATE MEDICAL INSTITUTIONS (REGISTRATION) ACT, No. 21 OF 2006

REGULATIONS made by the Minister of Healthcare and Nutrition under Section 18 read with Section 3 of the Private Medical Institutions (Registration) Act, No. 21 of 2006.

NIMAL SIRIPALA DE SILVA,
Minister of Healthcare and Nutrition.

Colombo,
20th March, 2007.

Regulations

1. These Regulations may be cited as the Private Medical Institutions (Registration) Regulations No. 01 of 2007.
2. Every application for Certificate of Registration in terms of Section 3 of the Act, in respect of a Private Medical Institution specified in Column I of Schedule 'A' hereto shall be substantially in the Form specified in the corresponding Annexure setout in Column II thereto.
3. The annual registraion fees shall be as prescribed in Schedule 'B' hereto.
4. Every Certificate of Registration issued under Section 3 of the Act shall be in the Form specified in Schedule 'C' hereto and shall be subject to such conditions as may be specified in the Certificate.
5. Where an application for renewal is made prior to one month of the date of expiry of a currently valid Certificate of Registration, such Certificate of Registration shall be deemed to continue in force until such Certificate of Registration is renewed for a further period.

6. Every application for certificate of Registration or renewal shall be duly completed and shall be forwarded along with the current Certificate of Registration and the prescribed fee.

7. In these Regulations unless the context otherwise requires -

“Act” means the Private Medical Institutions (Registration) Act, No. 21 of 2006.

SCHEDULE A

REGULATION 2

<i>Column I</i>	<i>Column II</i>
1. Private Hospitals, Nursing Homes and Maternity Homes	Annexure I
2. Private Medical Laboratories	Annexure II
3. Full Time Private General Practices/Dispensaries/Medical Clinics	Annexure III
4. Part Time Private General Practices/Dispensaries/Medical Clinics	Annexure IV
5. Full Time Private Dental Surgeries	Annexure V
6. Part Time Private Dental Surgeries	Annexure VI
7. Full Time Medical Specialist Practices	Annexure VII
8. Part Time Medical Specialist Practices	Annexure VIII
9. Medical Centres/Screening Centres/Day Care Medical Centres/ Channel Consultations	Annexure IX
10. Other Private Medical Institutions	Annexure X
11. Private Ambulance Services	Annexure XI



Ministry of Healthcare and Nutrition

REGISTRATION FORM FOR PRIVATE HOSPITALS, NURSING HOMES AND MATERNITY HOMES

REGISTRATION No.

Official use only

GENERAL INFORMATION

1. Name of Institution :-

2. Address :-

3. Communication :-

General Tel. No.	
Fax No.	
E-mail	
Web site (If available)	

4. Location of the hospital - (Attach a photograph of the hospital if available (front view))

Province	
District	

5. Type of the Institution - (Tick on appropriate cage)

(i) Private Hospital

☐

(ii) Nursing Home

☐

(iii) Maternity Home

☐

(iv) Other

6. Ownership status — (Tick on appropriate cage)

(i) Public Company

☐

(ii) Private Company

☐

(iii) Proprietary Private Hospital

☐

(iv) Co-operative Hospital

☐

(v) Estate owned Hospital

☐

(vi) Other

☐

7. Date of Establishment—

8. Company/Business Registration No.

9. BOI Registration :

10. HUMAN RESOURCES —

10.a Administrative Staff

<i>Designation</i>	<i>Name</i>	<i>Mobile/Contact Tel. No. :</i>
Owner/Chairman		
Managing Director/CEO		
Medical Director/In charge Medical Council Reg. No:		
Administrative Officer		
Nursing Director/Matron Medical Council Reg. No :		
Accountant/Finance Director		
Human Resources Manager		
Others		

11. UNITS AND FACILITIES

Total No. of inpatient beds—

Total No. of rooms/wards—

Rooms

Wards

<i>Facilities</i>	<i>Yes/No</i>	<i>Facilities</i>	<i>Yes/No</i>
Out Patient Department		Immunization Center	
Consultation Rooms		Radiology	
Emergency Treatment Unit		MRI Scanners	
Intensive Care Unit		CT Scanners	
Surgical Intensive Care Unit		Ultra Sound Scanners	
Medical Intensive Care Unit		Physiotherapy	
Neurological Intensive Care Unit		CSSD	
High Dependency Unit		Pharmacy	
Coronary Care Unit		Waste Disposal System	
Operating Theatre		Patient Record System	
Blood Bank		Ambulance	
Labour Room		Parking	
Fully/Semi Automated Lab		Mortuary	
Dental Surgery		Training Facilities	
Cardiology		Others (please specify)	
Dialysis Unit			

If more than 01 unit please indicate the number.

Authorized Officer

I certify that the above information is true and correct.

Signature :-

Name :-

Designation :-

Return after completion to :

Secretary, Private Health Services Regulatory Council,
Ministry of Healthcare and Nutrition, “Suwasiripaya”,
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10,
Tel. 0112674680.

SCHEDULE B

REGULATION 3

ANNUAL REGISTRATION FEE FOR PRIVATE MEDICAL INSTITUTIONS

Private Hospitals and Nursing Homes

1. 1 Bed to 25 Beds	-	SLR	20,000
2. 25 Beds to 50 Beds	-	SLR	30,000
3. 50 Beds to 100 Beds	-	SLR	50,000
4. More than 100 Beds	-	SLR	1,000 per bed

Medical Laboratories

Small Labs/Collecting Centres	-	SLR	5,000
Medium Labs	-	SLR	15,000
Large Labs	-	SLR	50,000

Medical Centres/Screening Centres/Day Care Medical Centres/Channel Consultations	-	SLR	15,000
Full time General Practices/Dispensaries/Medical Clinics/Full time Dental Surgeries	-	SLR	10,000
Part time Practices/Dispensaries/Medical Clinics/Part time Dental Surgeries	-	SLR	5,000
Full time Medical Specialist practices	-	SLR	15,000
Part time Medical Specialist practices	-	SLR	10,000
Private Ambulance Services	-	SLR	10,000
Home Care Nursing Services	-	SLR	5,000
Blood Banks	-	SLR	25,000

Application for registration/renewal of registration should be submitted with the relevant fee to the Private Health Services Regulatory Council. 50% of the fee to be remitted to respective Provincial Council.



REGULATION 4

Registration No :.....
Date :.....

PRIVATE HEALTH SERVICES REGULATORY COUNCIL

MINISTRY OF HEALTHCARE AND NUTRITION SRI LANKA

CERTIFICATE OF REGISTRATION FOR PRIVATE MEDICAL PRACTICE/INSTITUTIONS

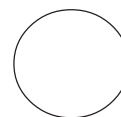
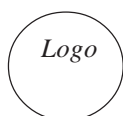
YEAR 2007

ISSUED UNDER THE PRIVATE MEDICAL INSTITUTIONS (REGISTRATIONS) ACT, No. 21 OF 2006

This is to certify
that.....of..... is authorised to carry
out health care services for the year 2007 under the category of

Chairman
Private Health Services Regulatory Council

Secretary
Private Health Services Regulatory Council



Seal

The person registered to main the Private Medical Institution and the Institution named in the Certificate—

- shall provide such goods and services and facilities scientifically and medically appropriate and of good quality and maintain such staff with skilled medical personnel and un expired drugs ;
- shall maintain the essential drugs as designed by the Ministry of Health (MOH) ;
- shall prevent or reduce the exposure to radiation and harmful chemicals ;
- shall take preventive measures in respect of occupational accidents and diseases ;
- if it has maternity wards, shall take measures to improve reproductive health services including access to family planning and pre and post natal care and shall provide emergency obstetric services ;
- in case of disasters shall assist the patients with humanitarian relief and provide assistance in emergency situations with appropriate mental health treatment and care ;
- shall not carry out or use such premises for any other purposes mentioned other than in the said Certificate ;
- shall conform to the standards prescribed by the Private Health Services Regulatory Council from time to time ;
- shall not cause any material difference in the structure without the permission of the Private Health Services Regulatory Council ;
- shall allow the authorized officer without prior notice to enter and inspect the Private Medical Institution or any premises appertaining thereto as specified in section 14 of the Private Medical Institutions (Registration) Act, No. 21 of 2006 ;
- shall keep all records for a minimum of 5 years ;
- shall comply with all the regulations rules directions of the Private Health Services Regulatory Council and the provisions of the Private Medical Institutions (Registration) Act, No. 21 of 2006.

(If available)



Ministry of Healthcare and Nutrition

REGISTRATION FORM FOR PRIVATE MEDICAL LABORATORIES

REGISTRATION No.

Official use only

GENERAL INFORMATION

1. Name of the Medical Lab :

2. Address :

3. General Tel. No :

Fax No.

E_mail address :

Web site address (If available) :

4. Type of the Lab-

(a) Automated

(b) Semi Automated

(c) Mobile lab

(d) Collecting Centers

5. Ownership status — (Tick on appropriate cage)

(i) Public Company

(ii) Private Company

(iii) Proprietary Private Hospital

(iv) Cooperative Hospital

(v) Estate owned Hospital

(vi) Other

6.(i) Administration staff—

Designation

Name

Contact Tel. No.

Chairman

.....

CEO/Managing Director

.....

Administrative Officer

.....

Accountant

.....

Other Major Staff

.....

(ii) Lab staff—

* Pathologist-

* MLTT (SLMC Registration No.)

7. Facilities Available -

8. Machinery/equipment available -

(a) Medical machinery -

Authorized Officer

I certify that the above information is true and correct.

Signature :-

Name :-

Designation :-

Return after completion to :

Secretary, Private Health Services Regulatory Council,
Ministry of Healthcare and Nutrition, "Suwasiripaya",
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10,
Tel. 0112674680.



Ministry of Healthcare and Nutrition

REGISTRATION FORM FOR FULL TIME PRIVATE GENERAL PRACTICES/DISPENSARIES/MEDICAL CLINICS

Registration No. :

Official use only

GENERAL INFORMATION

1. Name in full :

2. Address (Official) :

(Private) :

3. Telephone No. (Official) :

(Private) :

(Mobile) :

E-mail :

4. Medical Education :

(a) Name of Medical College :

(b) Country :

(c) Basic Degree :

(d) Postgraduate qualifications and dates :

5. SLMC Registration No. :

Date :

6. Place of permanent employment :

(a) Government :

(b) Others :

7. Type of Practice :

Group	
Individual	
Other	

8. Hours of Practice :

9. Method of record keeping : Computer based record systems

Manual record keeping

Others

10. Facilities for specialists consultation :

11. Availability of Medical Lab :

12. Dispensary :

13. Radiology Services :

14. Any other facilities (specify) :

15. Ownership of premises :

16. Practicing as a –

General Practitioner :

or

Specialist :

If so, what is your speciality ?

17. Method of Clinical waste disposal :

18. Method of sterilization of instruments and dressings :

19. Availability of an appointment system ? :

Yes

No

Authorized Officer

I certify that the above information is true and correct.

Signature :

Name :

Designation :

Return after completion to :

Secretary,

Private Health Services Regulatory Council,

Ministry of Healthcare and Nutrition, “Suwasiripaya”,

385, Rev. Badaegama Wimalawansa Thero Mawatha,

Colombo 10.

Telephone No. : 0112674680



Ministry of Healthcare and Nutrition

REGISTRATION FORM FOR PART TIME PRIVATE GENERAL PRACTICES / DISPENSARIES / MEDICAL CLINICS

Registration No. :

Official use only

GENERAL INFORMATION

1. Name in full :

2. Address (Official) :

(Private) :

3. Telephone No. (Official) :

(Private) :

(Mobile) :

E-mail :

4. Medical Education :

(a) Name of Medical College :

(b) Country :

(c) Basic Degree :

(d) Postgraduate qualifications and dates :

5. SLMC Registration No. :

Date :

6. Place of permanent employment :

(a) Government :

(b) Others :

7. Type of Practice :

Group	
Individual	
Other	

8. Hours of Practice :

9. Method of record keeping : Computer based record systems

Manual record keeping

Others

10. Facilities for specialists consultation :

11. Availability of Medical Lab :

12. Dispensary :

13. Radiology Services :

14. Any other facilities (specify) :

15. Ownership of premises :

16. Practising as a –

General Practitioner :

or

Specialist :

If so, what is your speciality ?

17. Method of Clinical waste disposal –

18. Method of sterilization of instruments and dressings –

19. Availability of an appointment system ?

Yes

No

Authorized Officer :

I certify that the above information is true and correct.

Signature :

Name :

Designation :

Return after completion to

Secretary,

Private Health Services Regulatory Council,

Ministry of Healthcare and Nutrition, “Suwasiripaya”,

385, Rev. Badegama Wimalawansa Thero Mawatha,

Colombo 10.

Telephone No. : 0112674680



Ministry of Healthcare and Nutrition

PRIVATE MEDICAL INSTITUTION REGISTRATION FORM

Registration Form for Full Time Private Dental Surgeries

Registration No. :

To be specified by the Ministry

GENERAL INFORMATION

1. Name :

2. Address :

Private	
Work Place	
Private Practice (I)	
Private Practice (II)	

3. Communication :

General Tel. No. :	
Fax No. :	
Mobile No. :	
E-mail No. :	

4. SLMC Registration No. :

5.

<i>Qualifications</i>	<i>Year</i>	<i>University</i>	<i>Country</i>

6. Government Officer or not (if yes name of the institution) –

7. Type of Practice :

Full time	
Part time	
Group	
Individual	
Private Hospital / Nursing Home	
Awaiting Government Appointment :	
Private Dental Practitioner :	

8. Hours of Practice :

9. Method of record keeping : Computer based record systems

Manual record keeping

10. Availability of visiting specialists :

11. Dental Laboratory facilities :

12. X - ray facilities :

13. Emergency Kit :

14. Any other facilities (specify) :

15. Ownership :

Own Practice :

Locum :

16. Practicing as a –

General Practitioner :

or

Specialist :

If so, what is your speciality ?

17. Clinical waste disposal method :

18. Method of sterilization of instruments and dressings :

19. Availability of an appointment system ?

Yes

No

20. Equipment and Facilities (Annex a list) :

Authorized Officer :

I certify that the above information is true and correct.

Signature :

Name :

Designation :

Return after completion to

Secretary,

Private Health Services Regulatory Council,

Ministry of Healthcare and Nutrition, "Suwasiripaya",

385, Rev. Baddegama Wimalawansa Thero Mawatha,

Colombo 10.

Sri Lanka.

Telephone No. : 0112674680



Ministry of Healthcare and Nutrition

PRIVATE MEDICAL INSTITUTION REGISTRATION FORM

Registration Form for Part Time Private Dental Surgeries

Registration No. :

To be specified by the Ministry

GENERAL INFORMATION

1. Name :

2. Address :

Private	
Work Place	
Private Practice (I)	
Private Practice (II)	

3. Communication :

General Tel. No. :	
Fax No. :	
Mobile No. :	
E-mail No. :	

4. SLMC Registration No. :

5.

<i>Qualifications</i>	<i>Year</i>	<i>University</i>	<i>Country</i>

6. Government Officer or not (if yes name of the institution) -

7. Type of Practice :

Full time	
Part time	
Group	
Individual	
Private Hospital / Nursing Home	
Awaiting Government Appointment :	
Private Dental Practitioner :	

8. Hours of Practice :

9. Method of record keeping : Computer based record systems

Manual record keeping

10. Availability of visiting specialists :

11. Dental Laboratory facilities :

12. X - ray facilities :

13. Emergency Kit :

14. Any other facilities (specify) :

15. Ownership :

Own Practice :

Locum :

16. Practising as a –

General Practitioner :

or

Specialist :

If so, what is your speciality ?

17. Clinical waste disposal method :

18. Method of sterilization of instruments and dressings :

19. Availability of an appointment system ?

Yes

No

20. Equipment and Facilities (Annex a list) :

Authorized Officer :

I certify that the above information is true and correct.

Signature :

Name :

Designation :

Return after completion to :

Secretary,

Private Health Services Regulatory Council,

Ministry of Healthcare and Nutrition, "Suwasiripaya",

385, Rev. Baddegama Wimalawansa Thero Mawatha,

Colombo 10.

Sri Lanka.

Telephone No. : 0112674680



Ministry of Healthcare and Nutrition

PRIVATE MEDICAL INSTITUTION REGISTRATION FORM

Registration Form for Full Time Medical Specialist Practices

Registration No. :

To be specified by the Ministry

GENERAL INFORMATION

1. Name :

2. Address :

Address	
Official	
Residence	
Private Practice	

3. Communication :

	Official	Residence
Tel. No. :		
Fax No. :		
Mobile No. :		
E-mail No. :		

4. SLMC Registration No. :

5.

Qualifications	Year	University	Country

6. Type of Practice :

Full time	
Group	
Individual	
Private Hospital / Nursing Home	
Other	

7. Hours of Practice :

8. Speciality of Practice :

9. Method of record keeping : Computer based record systems

Manual record keeping

10. Emergency Kit :

11. Any other facilities (specify) :

12. Ownership :

Own Practice :

--

Locum :

--

13. Clinical waste disposal method :

14. Method of sterilization of instruments and dressings :

15. Availability of an appointment system ?

Yes

--

No

--

16. Equipment and Facilities (Annex a list) :

Authorized Officer :

I certify that the above information is true and correct.

Signature :

Name :

Designation :

Return after completion to :

Secretary,
Private Health Services Regulatory Council,
Ministry of Healthcare and Nutrition, "Suwasiripaya",
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.
Sri Lanka.
Telephone No. : 0112674680.



Ministry of Healthcare and Nutrition

PRIVATE MEDICAL INSTITUTION REGISTRATION FORM

Registration Form for Part Time Medical Specialist Practices

Registration No. :

To be specified by the Ministry

GENERAL INFORMATION

1. Name :
2. Address :

<i>Address</i>	
Official	
Residence	
Private Practice	

3. Communication :

	<i>Official</i>	<i>Residence</i>
Tel. No. :		
Fax No. :		
Mobile No. :		
E-mail No. :		

4. SLMC Registration No. :

- 5.

<i>Qualifications</i>	<i>Year</i>	<i>University</i>	<i>Country</i>

6. Type of Practice :

Part time	
Group	
Individual	
Private Hospital / Nursing Home	
Other	

7. Government Officer or not (if yes name of the institution) :

8. Hours of Practice :

9. Speciality of Practice :

10. Method of record keeping : Computer based record systems

☐
☐

Manual record keeping

11. Emergency Kit :

12. Any other facilities (specify) :

13. Ownership :

Own Practice :

☐

Locum :

☐

14. Clinical waste disposal method :

15. Method of sterilization of instruments and dressings :

16. Availability of an appointment system ?

Yes

☐

No

☐

17. Equipment and Facilities (Annex a list) :

Authorized Officer :

I certify that the above information is true and correct.

Signature :

Name :

Designation :

Return after completion to :

Secretary,
Private Health Services Regulatory Council,
Ministry of Healthcare and Nutrition, "Suwasiripaya",
No. 385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.
Sri Lanka.
Telephone No. : 0112674680



Ministry of Healthcare and Nutrition

REGISTRATION FORM FOR MEDICAL CENTRES/SCREENING CENTRES/DAY CARE MEDICAL CENTRES/ CHANNEL CONSULTATIONS

Registration No. :

Official use only

GENERAL INFORMATION

1. Name of Institution :

2. Address :

3. Communication :

General Tel. No. :	
Fax No. :	
E - mail :	
Web-site : (if available)	

4. Location of the institution :

Province	
District	

5. Type of the Institution - (Tick on appropriate cage)

(i) Medical Centre	<input type="checkbox"/>
(ii) Screening Centre	<input type="checkbox"/>
(iii) Day-care Medical Centre	<input type="checkbox"/>
(iv) Channel Consultation	<input type="checkbox"/>
(v) Other	<input type="checkbox"/>

6. Ownership Status - (Tick on appropriate cage)

(i) Public Company	<input type="checkbox"/>
(ii) Private Company	<input type="checkbox"/>
(iii) Other	<input type="checkbox"/>

7. Date of Establishment -

8. Company / Business Registration No. :

9. BOI Registration (if any) -

10. Human Resources –

10. (a) Administrative Staff –

<i>Designation</i>	<i>Name</i>	<i>Mobile / Contact Tel. No.</i>
Owner / Chairman		
Medical Director / in charge Medical Council Reg. No. :		
Nursing in charge Medical Council Reg. No. :		

11. Units and Facilities :

<i>Facilities</i>	<i>Yes / No</i>	<i>Facilities</i>	<i>Yes / No</i>
Out Patient Department		Ultra Sound Scanners	
Consultation Rooms		Physiotherapy	
Emergency Treatment Unit		CSSD	
Blood Bank		Pharmacy	
Fully / Semi Automated Lab		Waste Disposal System	
Dental Surgery		Patient Record System	
Cardiology		Ambulance	
Dialysis Unit		Parking	
Immunization Center Radiology		Training facilities	
MRI Scanners		Others (please specify)	
CT Scanners			

If more than 01 unit please indicate the number

Authorized Officer :

I certify that the above information is true and correct.

Signature :

Name :

Designation :

Return after completion to

Secretary,
Private Health Services Regulatory Council,
Ministry of Healthcare and Nutrition, “Suwasiripaya”,
No. 385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.
Sri Lanka.
Telephone No. : 0112674680.



Ministry of Healthcare and Nutrition

REGISTRATION FORM FOR OTHER PRIVATE MEDICAL INSTITUTIONS

REGISTRATION No.

Official use only

GENERAL INFORMATION

1. Name of Institution :-

2. Address :-

3. Communication :-

General Tel, No.	
Fax No.	
E-mail	
Web site (If available)	

4. Location of the Institution -

Province	
District	

5. Type of the Institution - (Tick on appropriate cage)

(i) Home care nursing services

☐

(ii) Blood bank

☐

(iii) E medical systems

☐

(iv) Other

.....

6. Ownership status — (Tick on appropriate cage)

(i) Public Company

☐

(ii) Private Company

☐

(iii) Other

.....

7. Date of Establishment—

8. Company/Business Registration No.

9. BOI Registration : (if any)

.....

10. HUMAN RESOURCES-

10.a Administrative Staff :

<i>Designation</i>	<i>Name</i>	<i>Mobile/Contact Tel : No :</i>
Owner/Chairman		
Medical Director/In charge Medical Council Reg. No:		
Nursing in charge Medical Council Reg. No :		

10. b Other Technical Staff and their registrations-

11. Brief description of services-

12. Units and facilities-

Authorized Officer

I certify that the above information is true and correct.

Signature :-

Name :-

Designation :-

Return after completion to :

Secretary, Private Health Services Regulatory Council,
Ministry of Healthcare and Nutrition, "Suwasiripaya",
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka.
Tel: 0012674680.



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. Whether public company or not -
5. Details of the Abulance -
 - (i) No. of Ambulances -
 - (ii) Model -
 - (iii) Facilities available -
 - (iv) Equipment -
 - (v) health staff to accompany patients-
- 6.(i) Administration staff—

Yes	No
-----	----

Designation

Name

Contact Tel. No.

Chairman

.....

CEO/Managing Director

.....

Administrative Officer

.....

Accountant

.....

Other Major Staff

.....

(ii) Staff members—

(i) Doctors -

(ii) Nurses -

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

8. Total investment -

Authorized Officer

I certify that the above information is true and correct.

Signature :-

Name :-

Designation :-

Return after completion to :

Secretary, Private Health Services Regulatory Council,
Ministry of Healthcare and Nutrition, "Suwasiripaya",
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10, Sri Lanka. Tel: 0012674680.