

SRI LANKA COLLEGE OF PAEDIATRICIANS

No: 44/1, Gnanartha Pradeepaya Mawatha, Colombo 08.

Phone: 011 2 683178

Fax: 011 2 684625

E-mail: paedsslcp@gmail.com

APPLICATION FOR MEMBERSHIP

(Please fill in block letters)

Surname: Initials:

Name/s denoted by initials:

.....

Date of

DD	MM	YYYY
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 birth: SLMC registration

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 number:

NIC/Passport number:

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Designation:

Official address:

.....

Official phone number:

Professional qualifications:

.....

Year of passing MD (Paediatrics):

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Residential address:

.....

Mobile phone number/s:

E-mail address/es:

I hereby apply for admission as a life member of the Sri Lanka College of Paediatricians and undertake to abide by the Memorandum and Articles of Association

Signature of applicant:

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Date:

DD	MM	YYYY
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Proposed by:

Signature:

Seconded by:

Signature:

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FOR OFFICE USE ONLY

Date of receipt of application:

DD	MM	YYYY
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Payment method: Cash/Cheque/Other (please specify)

Details of payment (eg. Cheque number/ bank etc.):

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Amount received:

Rs.

 Receipt

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 number:

Treasurer's signature:

Date of

DD	MM	YYYY
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 approval:

Registration

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 number: