

COLLEGE OF PATHOLOGISTS OF SRI LANKA
No.112, Model Farm Road, Colombo 08, Sri Lanka

APPLICATION FOR ASSOCIATE MEMBERSHIP

I hereby apply for admission as an Associate Member of the College of Pathologists of Sri Lanka.

Surname:

.....

Other Names:

Occupation:

.....

HOME ADDRESS

.....

.....

.....

Telephone

E-mail

Sex : M/F

OFFICE ADDRESS

.....

.....

.....

Telephone

Civil Status

Spouse's Name

.....

Spouse's Occupation

.....

Qualifications (Specify the Year)

MBBS:.....

CBLS:

Diploma:..... MD Part I:.....:

Others:.....

.....

.....

Date

Signature

Proposed by

Signature

Seconded by

Signature

Associate Membership Fee: **Rs. 2,500.00**

Cheques (crossed) to be drawn in favor of **“College of Pathologists of Sri Lanka”**

For Office Use

Application Received on:.....

Council accepted or rejected the application on

Paid: Rs Cash/Cheque (NoBank)

Receipt No.:..... Date:.....

Member notified on