

COLLEGE OF PATHOLOGISTS OF SRI LANKA

No.6 , Wijerama House, Wijerama Mawatha, Colombo 7, Sri Lanka

APPLICATION FOR MEMBERSHIP

I hereby apply for admission as an Ordinary/ Life member of the College of Pathologists of Sri Lanka.

Surname:

.....

Other Names:

Occupation:

HOME ADDRESS

.....

.....

.....

Telephone

E-mail

Sex : M/F

.....

.....

Qualifications (specify the year)

MBBS :.....

Diploma in Pathology :.....

.....

Date

Proposed by

Seconded by.....

OFFICE ADDRESS

.....

.....

.....

Telephone.....

Civil status

Spouse's name

Spouse's occupation

MD :.....

MRC Path :.....

Others:

.....

Signature

Signature.....

Signature

Life time membership fee Rs 5000/=

Ordinary membership fee Rs 3000/=

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 (No..... Bank.....)

Receipt no:

Date :.....

Member notified on