



# Application Form

FUTURE-SLCIM Medical Students' Forum

Inter-University Internal Medicine Quiz -2022

Organized by Sri Lanka College of Internal Medicine

Name of the Faculty: .....

Name with initials	Student registration number	Mobile phone no	Email ID

We the undersigned certify that we have read and understood the terms and rules of the competition and uphold to abide by the rules. We understand the decision by the quiz team of the SLCIM.

Signature of the contestants

1.....

2.....

3.....

4.....

5.....

I certify that the above are students of this faculty.

.....

.....

Dean

Date

- Please submit the properly filled application into [slcimoffice@gmail.com](mailto:slcimoffice@gmail.com)
- Further details: - Visit [www.SLCIM.lk](http://www.SLCIM.lk)

<https://www.facebook.com/SLCIM1>