



Sri Lanka College of Internal Medicine (SLCIM)

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SRI LANKA COLLEGE OF INTERNAL MEDICINE (SLCIM)

Associate Membership Application Form

I wish to apply for the associate membership of Sri Lanka College of Internal Medicine

Applicant's surname

Other Names

Address Residence

Hospital/Faculty

Telephone Residence Faculty/Hospital

Mobile Email

Date of Birth

Civil Status Sex M F

Qualification MBBS/Year MD (part2)/Year

Board Certification/Year Other/Year

(Please forward documentary evidence of your medical qualifications with copies of certificates, documentary evidence of board certification)

I certify that I hold a current active medical license and I shall not misuse my associate membership status in SLCIM regulations. I declare that particulars given above are accurate.

.....
Applicant's signature

.....
Date

Declaration of the Proposer

I declare that the candidate is known to me and that the information presented herein is accurate. I am not aware of any disciplinary or professional misconduct issues that might affect the candidate's suitability as a college member.

Proposed by –
Signature--

Declaration of the Seconder

I declare that the candidate is known to me and that the information presented herein is accurate. I am not aware of any disciplinary or professional misconduct issues that might affect the candidate's suitability as a college member.

Seconded by—
Signature--

(Proposer and Seconder should be life members of the Sri Lanka College of Internal Medicine (SLCIM)
(Associate membership fee –Rs 3000/=)

Account number –1730032500 Commercial Bank, Peradeniya.

Account name – SRI LANKA COLLEGE OF INTERNAL MEDICINE. _____

Office use only

membership number

Deposited the amount Rs..... to the account number cash/cheque number.....Bank.....

Receipt number & date.....The council accepted the application on.....

Signature..... (President/secretary)