



Sri Lanka College of Internal Medicine (SLCIM)

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SRI LANKA COLLEGE OF INTERNAL MEDICINE (SLCIM)

Life Membership Application Form

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

Applicant's surname	<input type="text"/>		
Other Names	<input type="text"/>		
Address	Residence	<input type="text"/>	
<input type="text"/>			
Hospital/Faculty	<input type="text"/>		
Telephone	Residence	Faculty/Hospital	<input type="text"/>
	Mobile	Email	<input type="text"/>
Date of Birth	<input type="text"/>		
Civil Status	<input type="text"/>		Sex M <input type="checkbox"/> F <input type="checkbox"/>
Qualification	MBBS/Year	<input type="text"/>	MD (part2)/Year <input type="text"/>
	Board Certification/Year	<input type="text"/>	Other/Year <input type="text"/>

(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 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 members of the Sri Lanka College of Internal Medicine (SLCIM)
(Life membership fee –Rs 5000/=)

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)