#  PERINATAL SOCIETY OF SRI LANKA (PSSL)

C/o Sri Lanka College of Obstetricians and Gynaecologists,

No. 112, Model Farm Road, Colombo 08. Sri Lanka

#  APPLICATION FOR LIFE MEMBERSHIP

 (Please fill in block letters)

Surname: ………………………………………………………………… Initials: ……………………………………………… Name/s denoted by initials: …………………………………………………………………………………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |   |   |   |   |   |

 SLMC registration number:

|  |  |  |
| --- | --- | --- |
| DD  |  MM  | YYYY  |

Date of birth:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |   |   |   |

NIC/Passport number:

Designation: …………………………………………………………………………………………………………………………………...

Official address: ……………………………………………………………………………………………………………………………...

……………………………………………………………………………………………………………………………………………………….

Official phone number: ...............................................................................

Specialty: ……………………………………………………………………………………………………….

Professional qualifications: ……………………………………………………………………………………………………………...

……………………………………………………………………………………………………………………………………………………….

Year of passing MD/ MS: ……………………………………………………………….

Residential address: ……………………………………………………………………………………………………………………......

………………………………………………………………………………………………………………………………………………………

Mobile phone number/s: ………………………………………………………………………………………………………………...

E-mail address/es: ………………………………………………………………………………………………………………………....

*I hereby apply for admission as a life member of the Perinatal Society of Sri Lanka (PSSL) and undertake to abide by the Memorandum and Articles of Association*

|  |  |  |
| --- | --- | --- |
| DD  |  MM  | YYYY  |

Signature of applicant: Date:

Proposed by: ……………………………………………………… Signature: ……………………………….

Seconded by: ……………………………………………………… Signature: ………………………………

#  PERINATAL SOCIETY OF SRI LANKA

**FOR OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| DD  |  MM  | YYYY  |

Date of receipt of application:

Payment method: Cash/Cheque/Other (please specify) ……………………………………………………………………

(Please draw your cheque in favour of Perinatal Society of Sri Lanka or deposit your cash to Ac/No 0001781644 BOC – Branch: Regent Street and attach your slip)

Details of payment (e.g. Cheque number/ bank etc.): ………………………………………………………………………...

……………………………………………………………………………………………………………………………………………………….

|  |
| --- |
| Rs.  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |

Amount received: Receipt number:

Treasurer’s signature: ……………………………………………………………

|  |  |  |
| --- | --- | --- |
| DD  |  MM  | YYYY  |

Date of approval:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |  |  |   |

Registration number:

 Secretarial Assistant’s signature: ……………………………………………………