# 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: …………………………………………………………………………………………………………….

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SLMC registration number:

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

Date of birth:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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NIC/Passport number:

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

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

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

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

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

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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*

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| DD | MM | YYYY |

Signature of applicant: Date:

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

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

# PERINATAL SOCIETY OF SRI LANKA

**FOR OFFICE USE ONLY**

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| 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.): ………………………………………………………………………...

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| Rs. |

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Amount received: Receipt number:

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

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| DD | MM | YYYY |

Date of approval:

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| --- | --- | --- | --- | --- | --- | --- | --- |
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Registration number:

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