



**THE COLLEGE OF SURGEONS OF SRI LANKA**  
6, Independence Avenue, Colombo 07. Tel/Fax: 2682290 E-mail: collsurg@gmail.com

**APPLICATION FOR MEMBERSHIP**  
(Please use block letters)

Name in full .....

Private Address .....

Phone : ..... Fax : ..... E-mail : .....

Official Address .....

Phone : ..... Fax : ..... E-mail : .....

Date of Graduation .....

Surgical Qualifications .....

(MD Surgery Part 1, Part 2, MRCS, FRCS etc)

Date of Board Certification (Applicants for Full membership only) : .....

Membership Category applied for: (Please tick the appropriate box).

Full  Associate  Senior Affiliate  Junior Affiliate

I hereby apply for admission as a member of the College Surgeons of Sri Lanka and undertake to abide by the Memorandum and Articles of Association.

Date: ..... Signature: .....

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

Seconded by ..... Signature: .....

Application should be proposed and seconded by two full members of the College of Surgeons of Sri Lanka who are in good standing. ***The following should be submitted with the application***

- Copies of the educational qualifications and Board certificates
- Brief Curriculum Vitae
- Passport size photograph

**FOR OFFICE USE**

Date of receipt of application :  
..... Subscription : Full / Associate / Senior Affiliate / Junior Affiliate

Life Subscription : Rs. ....

Cash / Cheque (If cheque state number and Bank)

Cheque : ..... Bank : ..... Receipt No: .....

Date of Approval by Council : ..... Ledger No: .....

.....  
President

.....  
Hony. Secretary

*The application should be forwarded with the membership fee. (Details can be obtained from the College office)*