



**THE COLLEGE OF
GENERAL PRACTITIONERS
OF
SRI LANKA**

**APPLICATION FORM
FOR
ENROLMENT AS AN ASSOCIATE**

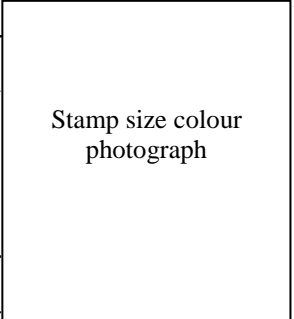
Section A

Declaration by Applicant

(Please write in capital letters when filling in names/addresses)

1. Personal details:

- a) Name in full.....
-
- b) Nationality.....
- c) Date of Birth
- e) Address (Residence).....
-
- f) Telephone No (Residence)
- g) Mobile.....
- h) Email



2. Professional details:

(Please fill (d) and/or (e) only when they are relevant to you)

- a) Medical Qualifications with dates.

Qualification	University / institute	Dates
Primary qualification:		
Post graduate qualifications:		
1.		
2.		
3.		
4.		
5.		

(Please use reverse of page 02 if you need more space)

- b) SLMC Registration No Date

(Under Section 29 of the Medical Ordinance, Sri Lanka)

- d) (i) Career as a General Practitioner dates (from which date to)

.....

.....

- (ii) Address where you currently practice

- (iii) Telephone No (iv) Days and hours of practice

e) Post/s held in Ministry of Health/ University with dates

Institute	Post	Dates To
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

(Please use reverse of page 02 if you need more space)

I certify that the facts given above are correct and I hereby apply to be admitted as a Member of the College of General Practitioners of Sri Lanka, subject to Rule 1 (a) of the Constitution.

I agree to abide by the Constitution of the College of General Practitioners of Sri Lanka and promote the aims of the College.

While engaging in active practice I would participate in CME/ CPD activities and undertake approved postgraduate study.

Date

Signature

Section B

Recommendation by two Members of the College of General Practitioners of Sri Lanka (CGPSL)

.....
(Name of Applicant)

is known to us and to the best of our knowledge consider him/ her to be in every way a suitable person for admission as a Member of the College of General Practitioners of Sri Lanka.

(1)

(2)

Signature

Name
(in Block Capitals)

Membership No.

Address
..... ..
..... ..

Date

Official Frank

Please note: At least one of the above members should be a Member of the Council of the College and both should be up-to-date with membership dues.

Section C

Documents required by the Censor Board of the CGPSL

	Documents	Applicant	office	Censor board
1.	Copy of the MBBS or equivalent Certificate			
2.	Copies of the certificates of postgraduate qualifications mentioned in Section A			
3.	Copy of the Original Certificate of Registration with the SLMC			
4.	Copy of the Renewal of the SLMC Registration Certificate			
5.	Copy of both sides of the National Identity / the Identity Card issued by the SLMC			
6.	Stamp size colour photograph (affixed in space provided)			
7.	Receipt for the admission fee Rs.5,000/- and Membership subscription Rs.1,500/-			

Please note: The above mentioned documents must be annexed to the application form which should be duly filled completely and accurately.

Secretary of Censor board

Chairperson of the Censor board

Date:/...../.....

Section D

Approval

		Approval	Date	Remarks
1.	Censor Board Approval	Approved / Re- submit / Not approved		
2.	Council Approval	Approved / Re- submit / Not approved		

Secretary of CGPSL

President of the CGPSL

Date:/...../.....