



**YEARS OF OBTAINING ACADEMIC AND PROFESSIONAL QUALIFICATIONS**

Basic medical degree					Selection Examination in Medicine									
MD (Colombo)														

Please submit photocopies of the following documents: (1) basic medical degree, (2) results sheet of the relevant Selection Examination in Medicine, (3) proof of registration as a trainee in the MD Medicine Programme in the PGIM (such as the PGIM identity card or allocation letter).

**APPLICANT'S DECLARATION**

I declare that the particulars given above are accurate. I declare that I have read the constitution of the College and that I will abide by it.

Applicant's signature														
	Date													

**PROPOSER'S DECLARATION**

I declare that the applicant is known to me and that the information presented herein is accurate. I am not aware of any disciplinary or professional misconduct inquiries or issues pending against the applicant, or of any issues that might affect the applicant's suitability to be an Associate Member of the College.

Name of the proposer																				
Designation																				
Proposer's signature																				
	Date																			

**Proposer should be either the applicant's Trainer (who should be a member of the Ceylon College of Physicians of at least 5 years' standing) or a Member of the Ceylon College of Physicians of at least 5 years' standing.**

Associate Membership fee: Rs. 2,500.00  
 Cheque should be drawn in favour of "Ceylon College of Physicians" and crossed **A/C payee only**.

**FOR OFFICE USE ONLY**

Paid in Cash/ Cheque: Rs								Membership Number	
Receipt Number & Date									
Documents	1	Yes		No					
	2	Yes		No					
	3	Yes		No					
Proposer is trainer or College member for at least 5 years		Yes		No					
Date of passing SEM									
Date of lapsing of associate membership									
The Council accepted the application on									
Signature of the President/ Secretary									