



Ceylon College of Physicians

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E-mail: headofficerccp@gmail.com

Website: <https://ccp.lk>

MEMBERSHIP APPLICATION FORM

I wish to apply for the Membership of the Ceylon College of Physicians

Please complete using block letters.

PERSONAL INFORMATION

Surname																					
Other names																					
Gender (X)	Male					Female															
Date of Birth (DD/MM/YYYY)																					
NIC No.											Passport No.										
Civil Status																					

CONTACT INFORMATION

Telephone	Residence										Mobile									
	0										0									
	Work (Hospital/ Faculty)																			
Address	Residence										Work (Hospital/ Faculty)									
E-mail																				

YEARS OF OBTAINING ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Basic Medical Degree				MD (Colombo)			
Board Certification from PGIM				Overseas board certifications			

Please submit photocopies of the following certificates: (1) basic medical degree, (2) MD (Colombo), (3) board certification from PGIM, (4) other specialist board certifications from overseas (if any).

APPLICANT'S DECLARATION

I certify that I shall neither misuse my membership status in the Ceylon College of Physicians, nor act contrary to Sri Lanka Medical Council regulations. I declare that there are no disciplinary or professional misconduct inquiries that have been or are being conducted against me. 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 that might affect the applicant's suitability to be a College member.

Proposed By

Designation

Proposer's signature

Date

SECONDER'S DECLARATION

I declare that the candidate 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 that might affect the applicant's suitability to be a College member.

Seconded By

Designation

Secunder's signature

Date

Proposer and Secunder should be Members of the Ceylon College of Physicians of at least 5 years' standing.

Life Membership fee: Rs. 7,500.00

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					
	4	Yes		No					
Proposer & seconder are College members with at least 5 years' standing		Yes		No					
The Council accepted the application on									
Signature of the President/ Secretary									