



Membership Number

College of Palliative Medicine of Sri Lanka Membership Application Form

Full Name

Name with Initials

Birthday

Sex

Postal Address

Contact numbers

1.

2.

Email address

NIC/Passport no.

SLMC no.

Professional Qualifications

Current Designation

Current Workplace

Membership status

Life

Ordinary

Proposed by

Name

Mobile number

Email address

Seconded by

Name

Mobile number

Email address

I hereby declare that the information given above is true and accurate to the best of my knowledge

Signature

Date

Office use only

SLMC No Verified

Approved by the CPMSL council - date