



# Ceylon College of Physicians

341/1, Kotte Road, Rajagiriya

Tel: +94 11 2888146 & +94 11 5754250 Fax: +94 11 2888119

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									