Date:

President

Ceylon College of Physicians,

341/1, Kotte Road,

Rajagiriya.

Dear Madam,

**Re: Application for Fellowship 2020 – Ceylon College of Physicians**

I, Prof/ Dr.……………………………………………………………………. shall be most grateful if the President and the council would consider my application for the Fellowship of the Ceylon College of Physicians.

I obtained College Membership in……………………... and have since completed…………years. I have also included Rs.25,000/- (Twenty Five Thousand), as the Fellowship application fee.

Thanking you,

Yours sincerely,

………………………..

(Signature of the applicant)

Name of the applicant:

Proposed by, Seconded by,

………………………. .………………………..

(Signature) (Signature)

Name: Name: