



THE COLLEGE OF SURGEONS OF SRI LANKA

6, Independence Avenue, Colombo 07. Tel/Fax: 2682290 E-mail: collsurg@gmail.com

APPLICATION FOR FELLOWSHIP

(Please use block letters)

Name in full
(to be appeared on the Certificate)

Private Address

Phone: Fax: E-mail:

Professional Qualifications

Surgical Specialty / Sub specialty.....

Current Designation & Place of Work

Date of obtaining the membership

I hereby apply for admission as a fellow of the College of Surgeons of Sri Lanka and undertake to abide by the Memorandum and Articles of Association.

Date:

Signature:

FOR OFFICE USE

Date of receipt of application :

Cash / Cheque / Online payment (If cheque state number and Bank)

Cheque : Bank :

Receipt No:

Signature:

Treasurer

Date of Approval by Council: Ledger No:

Fellowship fee - Rs. 40,000/=

(Payment to be made preferably by cheque in favour of "The College of Surgeons of Sri Lanka")