

## THE COLLEGE OF SURGEONS OF SRI LANKA

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Web: www.surgeons.lk

## APPLICATION

## FELLOWSHIP OF THE COLLEGE OF SURGEONS OF SRI LANKA - 2024

Name (as expected to appear on certificate)	
Professional Qualifications	
Surgical Specialty	
Current Designation	

Full Membership of CSSL - Date of joining		Month Year				
No of Annual Academic Sessions of CSSL Participated as a full member						
<ol> <li>Award Achievements, Contribution to CSSL</li> <li>Higher academic qualifications (eg: PhD, MPhil)</li> <li>Resource person at CSSL activities</li> <li>Represented CSSL at international events</li> <li>Recognized national or international awards</li> <li>Member of CSSL Council</li> <li>Exceptional service to Sri Lanka or CSSL</li> <li>Articles published in SLJS</li> <li>PG Trainer (Local or Overseas)</li> <li>Examiner at MD examinations</li> </ol>	(10 – 30 each) (20 – 30 each) (30 each) (10 - 30 each) (30 per year) (20 – 40 per event) (20 each) (30 per trainee) (30 per exam)	Description	Points Claimed	Points Awarded (Office use)		
	ed to be eligible)					
Any other information supportive of the application;						
I declare that I have neither being found guilty of any disciplinary or ethical inquiry nor having any ongoing inquiry.						
I agree to pay the stipulated fee, if my application is deemed suitable as a fellowship recipient.						
If you wish to attach/submit any supporting documents or certificates, please send them via email or handover them as prints to the college office.						
Applicants Signature		Date				
Endorsed by two full members of CSSL						

1. Name ...... Signature .....

2. Name ...... Signature .....