



**THE COLLEGE OF  
GENERAL PRACTITIONERS  
OF  
SRI LANKA**

**APPLICATION FORM  
FOR  
ENROLMENT AS AN ASSOCIATE**

# Section A

## Declaration by Applicant

*(Please write in capital letters when filling in names/addresses)*

### 1. Personal details:

a) Name in full .....

b) Nationality.....

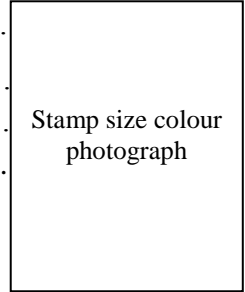
c) Date of Birth ..... d) Civil Status .....

e) Address: (Residence).....

f) Telephone No (Residence) .....

g) Mobile.....

h) Email .....



### 2. Professional details:

*(Please fill (d) and/or (e) only when they are relevant to you)*

a) Medical Qualifications with dates .....

.....

.....

*(Please use reverse of page 02 if you need more space)*

b) Medical Registration No ..... Date .....

*(Under Section 29 of the Medical Ordinance, Sri Lanka)*

c) Medical Registration in other countries: Country ..... Registration No .....

Date.....

d) (i) Career as a General Practitioner in the community with dates .....

.....

(ii) Address where you currently practise .....

.....

(iii) Telephone No ..... (iv) Days and hours of practice.....

.....

e) Post/s held in Ministry of Health/ University with dates .....

.....

*(Please use reverse of page 02 if you need more space)*

I certify that the facts given above are correct and I hereby apply to be enrolled as an Associate of the College of General Practitioners of Sri Lanka.

I agree to abide by the Constitution of the College of General Practitioners of Sri Lanka and promote the aims of the College.

While engaging in active practice I would participate in CME/ CPD activities and undertake approved postgraduate study.

Date .....

Signature .....

## Section B

### Recommendation by two Members of the College of General Practitioners of Sri Lanka (CGPSL)

.....  
(Name of Applicant)

is known to us and to the best of our knowledge consider him/ her to be in every way a suitable person for enrolment as an Associate of the College of General Practitioners of Sri Lanka.

(1)

(2)

Signature .....

Name  
(in Block Capitals) .....

Membership No. ....

Address .....

.....

.....

Date .....

Official Frank .....

**Please note:** At least one of the above members should be a Member of the Council of the College and both should be up-to-date with membership dues.

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## Section C

### Documents required by the Censor Board of the CGPSL

1.	Copy of the MBBS Certificate	
2.	Copy of the Original Certificate of Registration with the SLMC & Renewal	
3.	Copy of both sides of the National Identity Card or the Identity Card issued by the SLMC	
4.	Stamp size colour photograph (affixed in space provided)	
5.	Receipt for the admission fee Rs.5,000/- and Associate subscription Rs.1,500/-	

**Please note:** The above mentioned documents must be annexed to the application form which should be duly filled completely and accurately.