



# Ceylon College of Physicians

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Website: [www.ceycolphysicians.org](http://www.ceycolphysicians.org)

## Associate Membership Application Form

Applicant's Surname: .....

Other names: .....

Address:

Residence: .....

.....

Postal address ( If different from above): .....

.....

Telephone: Residence: .....

Mobile: .....

E-mail: .....

Date of Birth: .....

Gender: Male/Female

Qualifications: MBBS: Year..... MD Part 1: Date .....

(Submit documentary evidence of your medical qualifications with copies of certificates. Please ensure that the letter issued by Director, PGIM certifying that you have passed MD part 1 is attached)

I declare that the particulars given above are accurate

.....  
Applicant's signature

.....  
Date

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 conduct issues that might affect the candidate's suitability as an Associate member of CCP.

Proposed by Director/PGIM: .....

Signature: .....

Date:.....

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 conduct issues that might affect the candidate's suitability as an Associate member of CCP.

Name of Seconder: .....

Designation: .....

Signature: .....

Date:.....

**Seconder should be either the applicant's trainer or a Member of the Ceylon College of Physicians of 5 years standing**

Associate Membership fee: Rs. 2,500.00

Cheque should be drawn in favour of "Ceylon College of Physicians" and crossed "A/c payee only"

## Office use only

Paid in cash / cheque: Rs.....

Receipt number & date: .....

Letter from Director, PGIM attached: Yes/No

Date of passing MD Part 1 : .....

Proposer and seconder acceptable: Yes/No

The Council accepted the application on .....

Associate membership no: **AM**/...../20.....