

**SRI LANKA COLLEGE OF VETERINARY SURGEONS
(SLCVS)
Registration No. GA 2976**

APPLICATION FOR “FOUNDER” MEMBERS AND FELLOWS

Application No.
(For office use only)

1. NAME:
2. QUALIFICATIONS (with dates and copies of academic certificates):
3. SRI LANKA VETERINARY COUNCIL REGISTRATION No. Date:
4. OFFICIAL ADDRESS:
5. ADDRESS FOR CORRESPONDENCE:
6. CONTACT INFORMATION
E-MAIL ADDRESS:
TELEPHONE: Mobile: Land Line:
7. FIELD(S) OF SPECIALIZATION:
8. TYPE OF MEMBERSHIP SOUGHT (Please tick the appropriate boxes):
(Pl. see the announcement for information on eligibility criteria for membership and fellowship)
MEMERSHIP
FELLOWSHIP

9. ACTIVITIES AND CONTRIBUTIONS TO THE PROFESSION OVER THE PAST 5 YEARS:

(Please attach a brief Résumé outlining academic and professional credentials, activities carried out in the veterinary and allied fields, and contribution made to the profession).

10. I enclose (Bank) Cheque No for Rs. 10,000.00, drawn in favour of the “Sri Lanka College of Veterinary Surgeons” as my enrolment fee.

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Signature of the Applicant

Date:

Please send the completed form, scanned PDF files of certificates and resume by e-mail to: srilankavetcollege@gmail.com. AND post the hard-copies of all documents to:

***Dr. Kavindra Wijesundera
Secretary, Sri Lanka College of Veterinary Surgeons,
C/o Office of the Dean, Faculty of Veterinary Medicine and Animal Science,
University of Peradeniya,
Peradeniya.***