SRI LANKA COLLEGE OF VETERINARY SURGEONS

(SLCVS)

Registration No. GA 2976

APPLICATION FOR MEMBERS, ASSOCIATE 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.and Date |  |
| 4.  | Official Address |  |
| 5.  | Address for correspondence  |  |
| 6. | Contact information:Email Address -Office PersonalTelephone – Mobile Office |  |
| 7.  | Field (s) of specialization |  |
| 8. | Type of Membership sought(Please see the announcement for information on eligibility criteria for associate membership/ membership/ fellowship | Associate membershipMembershipFellowship |
| 9.  | Activities and contributions to the profession for the specified time period applicable for associate membership/ membership/ fellowship as in the eligibility criteria |  |
| 10. | Information of Two (2) Non-related Referees1. Name

DesignationOffice AddressEmail AddressMobile No. Office Telephone No.1. Name

DesignationOffice AddressEmail AddressMobile No. Office Telephone No. |  |

NB:

1. 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.
2. 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.
Bank details:
 Bank of Ceylon - Peradeniya,
 A/C 77018496,
 Sri Lanka College of Veterinary Surgeons
3. Please send the completed form, scanned PDF files of certificates and resume by e-mail to:

 srilankacollegevet@gmail.com **AND** post the hard-copies of all documents to:

 Dr. Namalika Karunaratne

 Secretary, Sri Lanka College of Veterinary Surgeons,

 C/o Office of the Dean,

 Faculty of Veterinary Medicine and Animal Science,

 University of Peradeniya.

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 Signature of the Applicant Date