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 Personal		
	Telephone – 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 membership Membership Fellowship	
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 Referees 1. Name				
		Designation Office Address				
		Email Address Mobile No. Office Telephone No. 2. Name Designation Office Address Email Address Mobile No.				
		Office Telephone No.				
	NB:					
I.		ease attach a brief Résumé outlining academic ar rried out in the veterinary and allied fields, and c	•			
II.	fa	I enclose (Bank)				
III.	Pl	Please send the completed form, scanned PDF files of certificates and resume by srilankacollegevet@gmail.com <u>AND</u> 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.				
	Sign	ature of the Applicant	Date			