

# APPLICATION FOR MEMBERS, ASSOCIATE MEMBERS AND FELLOWS

1.	Name	
2.	Qualifications (with dates and copies of academic certificates)	
3.	Sri Lanka Veterinary Council Registration No. and Date	
4.	Date of Birth	
5.	Official Address	
6.	Address for correspondence	
7.	Contact information: Email Address -Office Personal  Telephone – Mobile Office	
8.	Field (s) of specialization	
9.	Type of Membership sought (Please see the announcement for information on eligibility criteria for associate membership/ membership/ fellowship)	Associate membership <input type="checkbox"/>  Membership <input type="checkbox"/>  Fellowship <input type="checkbox"/>
10.	Activities and contributions to the profession for the specified time period applicable for associate membership/ membership/ fellowship as in the eligibility criteria	

11.	<p>Information of Two (2) Non-related Referees</p> <p>1. Name Designation Office Address</p> <p>Email Address Mobile No. Office Telephone No.</p> <p>2. Name Designation Office Address</p> <p>Email Address Mobile No. Office Telephone No.</p>	

NB:

- I. 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.
- II. 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
- III. Please send the completed form, scanned PDF files of certificates and resume by e-mail to: [srilankacollegevet@gmail.com](mailto: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