



SRI LANKA SOCIETY OF HYPERTENSION MEMBERSHIP APPLICATION FORM

Applicant Name

Address

Residence

Hospital/ Faculty

Telephone

Residence

Mobile

Faculty/Hospital

Email

Date of Birth

DD/MM/YYYY

Civil Status

Sex

Male

Female

Qualification

MBBS/Year

MD (part 2)/ Year

Board
Certification/ Year

Other / Year

(Please forward documentary evidence of your medical qualification with copies of certificates documentary evidence of board certification)

I declare that particulars given above are accurate.

.....
Applicant's Signature

.....
Date

Declaration of the Proposer

I declare that the candidate is known to me and that the information presented herein accurate. I am not aware of my disciplinary or professional misconduct issues that might affect the candidate's suitability as a member.

Proposed by:

Signature –

Declaration of the Seconder

I declare that the candidate is known to me and that the information presented herein accurate. I am not aware of my disciplinary or professional misconduct issues that might affect the candidate's suitability as member.

Proposed by:

Signature –

(Proposer and Seconder should be members of the Sri Lanka Society of Hypertension)

MEMBERSHIP FEES

Life-Membership fee: Rs 5000.00

Account details for transfer/deposit of money

Bank Of Ceylon

Peradeniya branch

Bank Code : 7010

Branch Code : 588

Swift Code: BCEYLKLX

Savings Account No: 85000980

Current account No: 85001052

After completion of payment/transfer please forward the receipt/details of transfer to Srilankahypertensionsociety@gmail.com email address along with the duly filled application form