



Sri Lanka Society of Nephrology

No. 112, Model Farm Road, Colombo 08.

Phone: +94 77 377 2545 / +94 76 227 2584

Email: nephrology.slson@gmail.com

TRAINEE MEMBERSHIP APPLICATION FORM

Please complete using BLOCK letters

PERSONAL INFORMATION

Surname																				
Other names																				

Gender	Male		Female	
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Date of Birth	D	D	M	M	Y	Y	Y	Y
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NIC No.																				
Passport No.																				

CONTACT INFORMATION

Telephone	Residence																			
	Work																			

Address	Residence		Work	
	Postal address(if different from above)			

E-mail	
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YEARS OF OBTAINING ACADEMIC AND PROFESSIONAL QUALIFICATIONS AND TRAINEE STATUS									
MBBS					Selection Examination in Medicine/Paediatrics				
MD (Colombo)									

Please submit photocopies of the following documents: (1) MBBS certificate, (2) results sheet of the relevant Selection Examination in Medicine/ Paediatrics (3) MD certificate (if available)

TRAINEE STATUS									
Primary Training centre					Name of Trainer in Nephrology				
Date of commencement of training in nephrology	D	D	M	M	Y	Y	Y	Y	

Please submit photocopies of the following documents: (1) proof of registration as a trainee in the MD Medical/Paediatrics Program in the PGIM (such as the PGIM identity card, allocation letter or letter from your trainer).

APPLICANT'S DECLARATION	
I declare that the particulars given above are accurate. I declare that I have read the constitution of the society and that I will abide by it.	
Applicant's Signature	Date

FIRST PROPOSER'S DECLARATION

I declare that the applicant is known to me and that the information presented herein is accurate. I am not aware of any disciplinary or professional misconduct inquiries or issues pending against the applicant, or of any issues that might affect the applicant's suitability to a trainee member of the society.

Name of the proposer

Designation

Proposer's Signature

Date

Proposer should be a life member of the Sri Lanka society of nephrology.**SECOND PROPOSER'S DECLARATION**

I declare that the applicant is known to me and that the information presented herein is accurate. I am not aware of any disciplinary or professional misconduct inquiries or issues pending against the applicant, or of any issues that might affect the applicant's suitability to a trainee member of the society.

Name of the proposer

Designation

Proposer's Signature

Date

Proposer should be a life member of the Sri Lanka society of nephrology.