College Of Medical Administrators Of Sri Lanka
E-Mail: cmasl2011@gmail.com Web: www.cmasl.lk

Application For Upgrading to Full Membership

A onetime activity up to September 30th, 2016

(Please use block letters)

Prerequisites

- Associate membership for more than one year with M.Sc. in Medical Administration

  Associate Membership No

  Date of registering as an Associate Member

- A Minimum of one year covering-up administrative experience in an administrative post given by the Ministry of Health

  Date of Acting Appointment:

  Certified copy of Letter Attached:

1. (a) Surname:

   (b) Other Names (in Full)

2. Gender: Male Female
3. Date of Birth:
4. Marital Status: Married Single
5. N.I.C No :
6. Official Address:

   Telephone No:

   Fax:

   E-mail:

7. Residential Address:

Telephone No:

Fax:

E-mail:

8. Qualifications:

(a) Basic Degree: Indicate university/institute & country

Date of qualification

(b) Post Basic Degree: Indicate university/institute & country

Date of qualification

9. Administrative posts held in a chronological order: (Use a separate sheet if space is inadequate)

10. Address to which correspondence to be forwarded:

Address :																				

Date: | | | | | | | | | | |

Signature of applicant: ……...

Note:

Please deposite the fee of Rs. 2750/= to **College of Medical Administrators, Account number: 0001781390, Bank of Ceylon .** (Annex the Bank slip) *Or*

Cheques to be made in favour of the "College of Medical administrators of Sri Lanka" & crossed A/C Payee only.

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For office use only

Date of approval by Ex Co: | | | | | | | | | | |

Payment Received by: ☐ Cash ☐ Deposit

☐ Cheque

Cheque No: | | | | | | | | | | | | | |

Membership No | | | | | | |

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Secretarial Assistance: Dr.S.Balavinothan, Phone No: 0766660376, email- cmasl2011@gmail.com
Address – Building of the Directorate / Healthcare Quality & Safety, Castle Street Hospital Premises, Castle Street, Colombo - 08