



Government Medical Officers' Association

Professional Centre, No 275/75, Prof. Stanley Wijesundara Mawatha, Colombo 07, Sri Lanka
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 Email: info@gmoa.lk (Inquiries) / office@gmoa.lk (Official)

APPLICATION FOR THE GMOA CAR PASS

Name with initial

Name in full

GMOA membership No

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SLMC Registration No

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National Identity Card No

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Present Private Address

Current duty station

Designation

Residential Telephone

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Mobile phone No

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Email address

I declare herewith, the above information true and correct to my knowledge

Date

Signature

I certify that Dr.....is a member of our Branch Union

Date..... Name Signature.....

President /Secretary Branch Union

Office Use Only

Application No : _____

Serial No : _____

Receipt No : _____