

# Payment Procedure for the Research Workshop

- All payments should be made to "Society for Health Research and Innovations - Academic Account" - Account no **77412924** Bank of Ceylon Torrington Branch

BANK OF CEYLON Bankers to the Nation		මුදල් තැන්පතු පත්‍රිකාව පண வைப்புச் சீட்டு		Cash Deposit Slip		දිනය / திகதி / Date		DDMMYYYY	
கிள்கு/කඩපත් අංකය Account/Card Number		77412924		දිනය / திகதி / Date					
கிள்கு/කඩපත් හිමියාගේ නම සහ ලිපිනය : Account/Card Holder's Name and Address :		Society for Health Research & Innovations Academic Account		කොටු පත්‍රිකා Notes		රුපියල් / ரூபா / Rs.		කො පත්‍ර Cts.	
කොටු/කඩපත් හිමියා නොමැතිව වෙනත් පාර්ශවයක් විසින් කරන රු.200,000ට වැඩි මුදල් තැන්පතු සඳහා கணக்குரிமையாளர்/அடக்கை வைத்திருப்பவர் அல்லாதது மற்றவர்கள் ரூபா 200,000/-க்கு மேல் பணவைப்புச் செய்யப்பவை For cash deposits above Rs. 200,000 deposited by Person other than A/C Holder/Card Holder		කු/කඩපත් කරන්නාගේ නම සහ ලිපිනය / வைப்புச் செய்யவரின் பெயரும் முகவரியும் Depositor's Name and Address		5000/-					
කු/කඩපත් කරන්නාගේ නම සහ ලිපිනය / வைப்புச் செய்யவரின் பெயரும் முகவரியும் Depositor's Name and Address		XXX.XXX.X		2000/-					
ජා.නා.ප./ගමන් බලපත්/විදේශීය බලපත් අංකය தே.அ.அ./கடவுச்சீட்டு/சாரதி அனுமதிப்பத்திர இல./N.I.C. / P. P. / D. L. No.:				1000/-					
දුරකථන අංකය / தொலைபேசி இல./ Telephone No:				500/-					
කු/කඩපතුවේ අවශ්‍යතාවය / வைப்பின் நோக்கம் / Purpose of Deposit: Research workshop				200/-					
Ref No.				100/-					
කු/කඩපත්කරුගේ අත්සන / வைப்புச்செய்யவரின் ஒப்பம் / Depositor's Signature				50/-					
Validation checked				20/-					
				10/-					
				කොටු පත්‍රිකා Coins					
				මුදල මුදල Total		1500 00			

- Mention your Name and your NIC no. under Depositor's name and address and "Research Workshop" under Purpose of deposit on the bank slip.
- Fill the Form "Two day Research workshop for Medical Officers – Registration" from the link below (fill the Form after the payment).

[https://docs.google.com/forms/d/1MbVT8tbohRRe3mlWSj1PFSkoqzgmQYYcRWfoYX5nEwE/viewform?c=0&w=1&usp=mail\\_form\\_link](https://docs.google.com/forms/d/1MbVT8tbohRRe3mlWSj1PFSkoqzgmQYYcRWfoYX5nEwE/viewform?c=0&w=1&usp=mail_form_link)

- Send a clear photograph of the bank slip to the email address [healthresearch.shri@gmail.com](mailto:healthresearch.shri@gmail.com) Please mention your Name, Official Address, Contact phone no. and National Identity Card No. in the email.
- Please note that it is mandatory to bring the bank slip on 23<sup>rd</sup> of May.