



THE GOVERNMENT MEDICAL OFFICERS' ASSOCIATION

No: 275/75, Professional Center, Prof.Stanley Wijesundara Mawatha, Colombo 07.

Tel: 0112580886/0751719452 Fax: 0112503586

GMOA MEMBERSHIP VERIFICATION LETTER TO OBTAIN A SPECIAL PRIVILEGED SOLAR SYSTEM OF "ADS SOLAR POWER"

Please be kind enough to issue a letter of recommendation for me to obtain special privilege solar system of "ADS solar Power"

1. Name of the Doctor:

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2. GMOA Membership No..... Updated up to 202.....
(Finance Assistant)

3. NIC No:.....

4. Institution:

5. Present Designation:

6. Present Grade:

7. Contact No: Email :

8. Permanent Personal Address:

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Signature of Applicant

Date

To be filled by the Branch Secretary & Secretary GMOA:

I confirm that the applicant is an active GMOA member and devoted to wellbeing of colleagues.

Recommended

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Name of the Branch Union

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Branch Secretary (GMOA)

.....
Date

Approved/Declined

.....
General Secretary (GMOA)

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Date