

GOVERNMENT MEDICAL OFFICERS' ASSOCIATIONProfessional Center, No. 275/75, Prof. Stanley Wijesundara Mw, Colombo 07.Website: www.gmoa.lkCar Pass Email address: carpassgmoa@gmail.comGMOA Head Office: 0112580866Fax No : 011-2503586

APPLICATION FOR THE GMOA CAR PASS

PLE/	ASE REA	AD THE	INSTRU	ICTION	IN THE E	BACK PA	AGE BEF	ORE FI	LLING T	'HIS AP	PLICATI	ON	
Name with initials													
Name in full													
Name in fui													
GMOA membership No SLMC Registration No Updated up to													
National Identity Card No)												
Present Private Address													
Current duty station													11
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Designation				· -						- -			
Residential Telephone													
Mobile phone No													
Email address													
I declare herewith, the above information true and correct to my knowledge													
Date									Signature				
I certify that Dr						•••••	is	a men	nber of	our B	ranch U	Jnion	
DateNai	me							Si	gnatur	e			
President /Secretary Branch Union													
office use only													
Signature of General Secretary							Date						

Application Procedure

Doctor's car pass was widely abused by many groups in the past. As such in 2011, GMOA initiated a legal process to obtain a unique car pass for doctors. After a lengthy and a difficult legal process, GMOA has reserved exclusive rights to issue a car pass unique to doctors which is registered under the provisions of the intellectual property Act No 36 of 2003. The individual doctors who wish to get a car pass are requested for follow the below mentioned instructions carefully.

Please read the below instructions and fill the application accordingly.

- 1. GMOA members who have paid their annual subscription up to previous year, are eligible to apply for the Official GMOA Car pass.
- 2. Application form is available www.gmoa.lk
- 3. Fill the application form in block capital letters (Preferably computer typed printout) to avoid any mistakes of your information that will be printed on your car pass.
- 4. All information on the application should be true and signed by the respective medical officer. Applicant will be held responsible for any misinformation.
- 5. Application should be certified by the relevant Branch Union President/Secretary. Include **both name with initials and signature** of branch President/Secretary on the application.
- 6. Contact Number & email address should be filled correctly, to contact in need of any clarifications during the process of issuing the car pass.
- 7. Renewal of car pass will be done upon the request of members, after handing over the previous car pass.
- 8. Car pass will be issued at a Fee of Rs 500/- for members of GMOA.
- 9. All payments should be made to BANK OF CEYLON Torrington Branch, Account No 74660362.
- 10. Mention "CAR PASS" under Purpose of Deposit on the bank slip. (Please see the demonstrated sample bank slip below).
- 11. A photocopy of the bank slip should be sent along with the application to the GMOA office.
- 12. Relevant medical officer should bear the responsibility for any misuse of his/her car pass.
- 13. Send the filled applications to Government Medical Officers' Association, No 275/75, Professional Centre, Prof. Stanly Wijesundara Mawatha, Colombo 7.
- 14. Car Pass can be collected from GMOA Head Office or through your GMOA Branch Union.
- 15. If a car pass is misplaced, a Police complaint and a new application are required to obtain a replacement.
- 16. For Details Please Contact Miss.Imashi Mobile No

Car Pass Email address GMOA Head Office Fax No carpassgmoa@gmail.com 0112580866 011-2503586

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