



# Enrollment Application form for Welfare Arm of G.M.O.A (WAGMOA)

## 1. Personal Details

2. Title :- Mrs  Miss  Mr

3. Name With initials :-

(In Block Capitals)

4. Name in full :-

5. Gender :- Male  Female

6. Date of birth :- D D M M Y Y Y Y

7. Civil Status :- Single  Married

8. Permanent Address :-

9. Mailing Address :-

10. National Identity Card Number :-

## 2. Contact Details

:- Mobile

WhatsApp No

Residence

Email

## 3. Professional Details :-

1. Working Station :-

2. Designation :-

3. Name of the Branch Union :-

4. G.M.O.A No :-

5. SLMC No :-

## 4. Family Details

1. Name of the spouse :- Mr/Mrs

2. Numbers of children :- Boys  Girls

	Name	Gender	Date of Birthday
3. Names and Dates of Birthdays of children:-	1.....	.....	.....
	2.....	.....	.....
	3.....	.....	.....
	4.....	.....	.....
	5.....	.....	.....
	6.....	.....	.....

**5. Payment Information**

1. Enrollment Fees Payment Details.

Payment Mode :- **Cash**  **Cheque**  **Online Transfer**  **Bank Deposit**

Date of Payment :-

i. Bank :-

ii. Branch :-

iii. Amount :-

**Statement of Agreement**

I, ....., hereby agree to abide by the rules and regulations of constitution of the GMOA Welfare Arm. I understand that failure to comply with these rules may result in the termination of my membership in Welfare Arm of GMOA

Signature of the Applicant :- .....

Date :- .....

Recommendation of Branch Union Secretary	:- Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
.....	.....	.....
Name of Branch Union Secretary	Signature	Date
.....	.....	.....
Signature of General Secretary GMOA		Date
.....		.....

Please deposit Enrollment fee 2000 Rupees and Annual fee 3000 Rupees per annum to the following account	
Account Name :-	Welfare Arm of Government Medical Officers' Association
Bank :-	Bank of Ceylon (BOC)
Branch :-	Independent Square
Account No :-	90629741

**Please upload your duly filled application with the payment slip through WhatsApp 0706051051**

<b>Office use only</b>		
GMOA Membership fee	GMOA NO <input type="text"/>	Paid upto <input type="text"/>
	Checked by Accounts Section :- .....	
GMOA Welfare Arm fee	WAGMOA NO <input type="text"/>	Paid upto <input type="text"/>
Receipt No :- .....	Checked by :- .....	Approved by :- .....

**Thank You for the interest in joining the GMOA Welfare Arm**