



The Government Medical Officers' Association
Enrollment Form

Personal Details

1. Title :- Mrs Miss Mr

2. Name With initials :-
(In Block Capitals)

3. Name in full :-
(In Block Capitals)

4. Maiden Name:-

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

6. Civil Status :- Single Married

7. Permanent Address :-

8. Mailing Address :-

9. Official Address :-

10. National Identity Card Number :- *

11. Contact Details :- Mobile *
Residence
Office
Email *

Education Qualification &

Professional Details :-

1. Year of A/L :- *

2. Advanced Level Results :-

Subject	Grade

*

3. Year of Graduation :- *

4. University of Graduation :- *

5. SLMC Reg. No :- *

6. Station attached :-

During internship

7. Present Grade :- Preliminary Grade 1 Grade 2 Specialist Administrative Grade

8. Date of appointment to Present Grade :- D D M M Y Y Y Y

*** THESE FIELDS ARE MANDOTARY**

9. Present Station :-

10. RDHS division
Specialized campaign :-

11. Date of appointment to Preliminary grade :-

12. Date of appointment to Grade 2 :- D D M M Y Y Y Y

13. Are you a member of any other union :- Yes No *

14. Have you resigned from government service at any stage and re employed. If so,
Date of resignation
Date of employed

15. Did you resign from GMOA in view of 12 above and re-joined. If so,
Date of resignation
Date of employment
Reasons for resignations

Please send the duly perfected application form together with a money order/ cheque of Rs. 5000.00 drawn in favor of the Secretary, GMOA as your initial subscription [vide Clause 5(a)of the GMOA constitution] addressed to the Secretary, GMOA office 275/75,Prof.Stanley Wijesundara Mawatha, Colombo 07. Money order should be made payable atTorrington Square post office.

You may deposit a sum of Rs. 5000.00 to the account 0002322678, Bank of Ceylon, Independence Square branch and send the original bank slip along with the duly perfected application form via registered post to the above address.

Subsequent payments can be made through the respective paying authority.

Authorization to Collect Annual Subscription through Paying Authority

I hereby authorize the Director General of Health Services / Head of Decentralized Unit / Specialized Campaign to recover a sum of Rs. 5000.00 annually from my salary as the payment of my annual subscription to the Government Medical Officers' Associations as from

.....
Date

.....
Signature

Office Use Only	
Membership No	:
Receipt No	:

Remarks

.....
Administrative Secretary / GMOA

..... Notice

Admission of members will be governed by 5 (a) of the GMOA constitution
