



# 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

Please be kind enough to issue a membership verification letter from GMOA.

1. Full Name:.....

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Name with initial: .....

2. NIC No:.....

3. GMOA Membership No.....

4. Membership Updated up to 20..... GMOA Finance Assistant .....

5. Working station: .....

6. Contact No : .....

7. Permanent Personal Address:

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**Signature**

**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

.....  
Branch Secretary (GMOA)  
Approved/Declined

.....  
Date

.....  
General Secretary (GMOA)

.....  
Date

Please be kind enough to collect your membership verification letter from GMOA Head Office