



SRI LANKA VETERINARY ASSOCIATION

(Incorporated under the Companies Ordinance No 61 of 1938)

Registered Office: 275/75, OPA Building

Prof. Stanley Wijesundara Mawatha

Colombo 07, Sri Lanka

APPLICATION FOR ORDINARY MEMBERSHIP

Date:/...../.....

1. Title (v)	Dr.				Prof.			
2. Full Name								
3. Name with Initials								
4. Gender (v)	Male			Female				
5. National ID No.								
6. Residential Address								
7. Phone No								
	Mobile							
	Home							
8. Email addresses								
9. Occupation								
10. Name of the Institute/ workplace								
11. Address of workplace								
12. Office phone No								
13. Veterinary Council of Sri Lanka (VCSL) Reg. No							14. Year of Graduation	

I hereby certify that above details provided by me for the registration as a member in Sri Lanka Veterinary Association (SLVA) are true and accurate for the best of my knowledge. Further, I provide my consent to publish my data on the world wide web.

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Signature of the applicant