



**SECTION 4: CONTINUING PROFESSIONAL DEVELOPMENT RECORD**

Is the record attached ?    **Yes**        **No**   

**SECTION 5: DECLARATION BY THE CANDIDATE**

I hereby certify that the particulars in this application and related documents furnished by me are true and correct. I am aware that if the particulars contained herein or the related documents are found to be false or incorrect, I am liable to be disqualified before the election to the applied class of membership and for cessation after the election at any instant. Further, I am aware that the excess payments made or deposited will not be refunded by the Institution.

Date: .....

Signature of the Candidate: .....

**SECTION 6: PROPOSER & SECONDER**

We the undersigned having read and understood the stipulated conditions for eligibility of each Class of Membership have certified and initialed all documents submitted by the Applicant and propose and second..... as a person worthy of the distinction in every respect of being elected a ..... of the Institution.

**PROPOSER**

<b>Name in Block Capitals</b>	
-------------------------------	--

**Full Signature** .....    **Short Signature** .....    **Date :** .....

<b>Membership Number</b>							

**SECONDER**

<b>Name in Block Capitals</b>	
-------------------------------	--

**Full Signature** .....    **Short Signature** .....    **Date :** .....

<b>Membership Number</b>							

**SECTION: 7: FOR OFFICE USE ONLY**

*(To be filled by the Executive Secretary)*

*(This section should not be filled by the Applicant)*

(a) Date of receiving the Application & Registration Fee

<b>Application</b>									
	D	D	M	M	Y	Y	Y	Y	Y

<b>Index No</b>	
-----------------	--

<b>Registration Fee</b>									
	D	D	M	M	Y	Y	Y	Y	Y

<b>Amount LKR</b>	
-------------------	--

<b>Receipt No.</b>	
--------------------	--

Originals of all the certificates were duly checked. The copies of the certificates submitted by the applicant are correct.

.....  
**Executive Secretary**

.....  
**Date**

*(To be filled by the Chairman, Membership Committee)*

(c) Date of appearance for the Competency Based Professional Review .....

(d) Recommended for the election to .....  
(Class of Membership)

(e) Date of payments Members Subscription:

D	D	M	M	Y	Y	Y	Y	Y	Y

<b>Amount Rs.</b>	
-------------------	--

<b>Receipt No</b>	
-------------------	--

(f) Membership Number Allotted 

--	--	--	--	--	--	--	--

Recommended by .....

**Chairman, Membership Committee**

.....

**Date**

Approved by the Council of Management

.....  
**President**                      **Hony. Secretary**                      **Council Decision Number**                      **Date**  
(Council Decision: 2010-11/CM 03/01)

