



The Government Medical Officers' Association

No: 275/75, Professional Center, Prof.Stanley Wijesundara Mawatha, Colombo 07.

Tel: 0112580886 Fax: 0112503586 Email.: office@gmoa.lk

GMOA MEMBERSHIP VERIFICATION LETTER

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

1. Full Name:

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2. Name with Initial:.....

3. NIC No:.....

4. GMOA Membership No.....

5. Updated up to 202..... Finance Assistant

6. Working Station:

7. Contact No:

8. Purpose of Requesting Membership Verification:

9. 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)

Date

Approved/Declined

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General Secretary (GMOA)

Date

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