The Government Medical Officers' Association

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

Tel : 0112580886|0774506602 Fax : 0112503586

Email : office@gmoa.lk Website : www.gmoa.lk

GMOA MEMBERSHIP VERIFICATION LETTER

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

Full Name : ……

……

Name with initial : ……

Current Address : ……

NIC No : ……

Contact No : ……

Email Address : …….. (Write in clear handwriting)

Present Station & Address : ……

……

Present Designation : ……

Present Grade : ……

Reason for the verification letter : ……

SLMC Membership No : ……

GMOA Membership No : …… Updated up to 202……

……
(GMOA Finance Assistant)

……. ……
Date Signature

To be filled by the Branch Union Secretary & Secretary GMOA:

I confirm that the applicant is an active GMOA member and devoted to wellbeing of colleagues at Branch Union Level.

……. ……. …….
Name of the Secretary/ Branch Union Signature Date

I confirm that the applicant is an active GMOA member and devoted to wellbeing of colleagues.

……. ……. …….
General Secretary Signature Date

Office use only