



The Government Medical Officers' Association

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

Tel: 0112580886/0774506602 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