The Government Medical Officers' Association
Enrollment Form

A. Personal Details

1. Title :- Mrs ☐ Miss ☐ Mr ☐
2. Name With initials :-
   (In Block Capitals)
3. Name in full :-
   (In Block Capitals)
4. Maiden Name :-
5. Date of birth :- D D M M Y Y Y Y
6. Civil Status :- Single ☐ Married ☐
7. Permanent Address :-
8. Mailing Address :-
9. Official Address :-
10. National Identity Card Number: -
11. Contact Details :- Mobile 1 Mobile 2
    WhatsApp
    Residence
    Office
    Email

B. Education Qualification &

Professional Details: -

1. Year of A/L :-
2. Advanced Level Results: -

Subject	Grade

3. Year of Graduation :-
4. University of Graduation :-
5. SLMC Reg. No :-
6. Station attached During internship :-
7. Present Grade :- Intern ☐ Preliminary ☐ Grade 2 ☐ Grade 1 ☐ Specialist ☐ Administrative Grade ☐
8. Date of appointment to Present Grade :- D D M M Y Y Y Y

**** THESE FIELDS ARE MANDOTARY***

9. Present Station :-

10. RDHS division /
    Specialized campaign :-

11. Date of appointment to D D M M Y Y Y Y
    Preliminary grade :-

12. Date of appointment to D D M M Y Y Y Y
    Grade 2 :-

13. Are you a member of any other union :- Yes ☐ No ☐

14. Have you resigned from government service at any stage and re employed. If so,
    Date of resignation
    Date of Re employment

15. Did you resign from GMOA in view of B -14 above and re-joined. If so,
    Date of resignation
    Date of re employment

    Reasons for resignations ……

Please send the duly completed application form together with a money order/cheque of Annual Membership Fee drawn in favor of the Secretary, GMOA as your initial subscription (vide Clause 5(a) of the GMOA constitution) addressed to the Secretary, GMOA office 275/75, Prof. Stanley Wijesundara Mawatha, Colombo 07. Money order should be made payable at Torrington Square post office.

You may deposit the sum to account 0002322678, Bank of Ceylon, Independence Square branch, and send the original bank slip along with the duly perfected application form via registered post to the above address.

Subsequent payments can be made through the respective paying authority.

Authorization to Collect Annual Subscription through Paying Authority

I hereby authorize the Director General of Health Services/Head of Decentralized Units/Specialized Campaign to recover from my salary:

1. The annual membership subscription as determined by the Government Medical Officers' Association (GMOA) for each respective year (vide clause 06(a) of the GMOA Constitution); and
2. Any arrears of membership subscriptions / any other payment decided by the Government Medical Officers' Association (GMOA) that may become due and payable,

with effect from ……., and to remit the recovered amounts to the Government Medical Officers' Association (GMOA) as payment of my membership subscription and any outstanding arrears, until such authorization is revoked by me in writing or my membership ceases in accordance with the GMOA Constitution.

…… ……

Date Signature

Office Use Only

Membership No : .....

Receipt No : .....

Remarks ……

. . . . . .

Administrative Secretary / GMOA

…….. Notice

Admission of members will be governed by 5 (a) of the GMOA constitution