

PHARMACEUTICAL SOCIETY OF SRI LANKA

TO: Hony. Secretary,
The Pharmaceutical Society of Sri Lanka, Professional Centre,
275/75, Prof. Stanley Wijesundera Mawatha,
Colombo 7.
Telephone/Fax : 2 598826 ; E-mail : pharmsoc@sltnet.lk



02 Passport
Size
Photos
(Red
Background)

APPLICATION FORM FOR MEMBERSHIP

(Please read instructions given overleaf before completing the form)

1. LAST NAME (Prof/Dr/Mr/Mrs/Miss) :.....
(Block Letters)
2. OTHER NAMES IN FULL :.....
(Block Letters)
3. DATE OF BIRTH : 4. Gender: Male / Female 5. NIC No.
6. PERMANENT ADDRESS :
.....
TEL : FAX : E-MAIL :
7. OFFICIAL POSITION :
8. OFFICIAL ADDRESS :
9. CONTACT ADDRESS :
TEL : FAX : E-MAIL :
10. REGISTRATION AS A PHARMACIST :
Qualification: Ph. D/ M. Pharm/ B. Pharm/ Dip. Pharm/ Proficiency/ Efficiency (Underline those which are applicable)
Year Qualified : Year of SLMC Registration : SLMC Reg. No. :
11. NATURE OF PHARMACY PRACTICE (Please tick the appropriate Box / Boxes)
 Community Pharmacy Government Hospital/ Institution Academic / R & D Industrial Pharmacy
 Hospital Pharmacy Local Government University Armed Forces
 Regulatory Pharmacy Semi Government / Corporation Private Hospital/ Clinic Quality Assurance
 Proprietor (Pharmacy/ Company) Pharmaceutical Company Pharmaceutical Marketing Others (Specify)
12. MEMBERSHIP FEES:
 Annual Membership - Rs. 1000/= Life Membership - Rs. 5000/= Annual Guest Membership - Rs. 1000/=
 Annual Provisional Membership – Rs. 1000/= Annual Student Membership – Rs. 300/= Corporate Membership - Rs. 5000/=
 LIFE MEMBERSHIP CERTIFICATE - Rs. 100/= LIFE MEMBERSHIP CARD – Rs. 300/=

13. DECLARATION:

I hereby apply to be a member of the Pharmaceutical Society of Sri Lanka and if so accepted, I hereby agree to be bound by the Rules and Bylaws of the Society as set out in the constitution and to follow the code of ethics for Pharmacists.

Date :

Signature of applicant :

PROPOSED BY : NAME.....SLMC REG. NO. SIGNATURE

SECONDED BY : NAME.....SLMC REG. NO. SIGNATURE

INSTRUCTIONS FOR THE APPLICANT

- Applications will not be accepted unless all relevant information is submitted.
- Membership categories
 - Full membership** of the Society is open to any person who is a registered as a pharmacist at the SLMC.
 - Provisional membership** is open to any person who has passed the pharmacists examination conducted by the Medical College Council or any University who is awaiting registration as a Pharmacist at the SLMC.
 - Guest membership** is open to foreign pharmacists who are registered in their own countries who wish to participate in the activities of the Society during their stay in Sri Lanka.
 - Student membership** of the Society is open to those who are undergoing training in pharmacy at the Faculty of Medicine or any other Institute recognised by the medical Council or to those who are registered as apprentice pharmacists at the Ceylon Medical College Council eligible to sit the external pharmacists examination. The student membership for the above categories is limited for three years from the date of registration. Those following degree courses in pharmacy at any of Universities in Sri Lanka could also apply for student membership which will last until they are attached to the university as students.
 - Institutional membership** is open to any company or association or institution desirous of supporting the activities of the Society subject to approval by the Council.
- Photocopies of the following documents should be submitted along with the applications.
 - Certificate of Proficiency/ Efficiency issued by the Ceylon Medical College Council.
 - Certificates of Degree, Diploma or any other qualification recognized for registration as a Pharmacist in Sri Lanka.
 - Certificate of Registration as a Pharmacist issued by the Sri Lanka Medical Council (SLMC).
 - Foreign academic certificates if (available).
 - Other documents relevant to the membership category.
- For Student Membership, the application should be submitted through the Master Pharmacist or through the relevant institution/academy where the student is undergoing training.
- Life Membership fee can be paid either in full or by five consecutive installments of Rs. 1000/= each within one year period.
- Applications should accompany the membership fees paid by cash, money orders cashable at Cinnamon Gardens post office or cheques drawn in favour of the Treasurer, Pharmaceutical Society of Sri Lanka.
- Proposer and the Seconder should be members of the Pharmaceutical Society of Sri Lanka.

FOR OFFICE USE ONLY

- Date of receipt of (a) Membership Application : (b) Membership Fee :
- Amount paid : 3. Receipt No. / Date :
- Installment : (i) (ii) (iii) (iv) (v)
(Date) (Date) (Date) (Date) (Date)
- Membership category :
- Payment for Life Membership Certificate : Amount : Receipt No.:
(Date)
- Payment for Membership Card : Amount : Receipt No.:
(Date)
- Treasurer's Signature:
4. Approved / Not approved : Chairperson, A&EP Sub-committee:
5. General Secretary: President: