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**SRI LANKA MEDICAL ASSOCIATION**

**Application Form for President-Elect**

[Please type in the blank cage below to every question in this form (it will expand as you type),
save it as pdf as well as print it and forward the pdf via email to office@slma.lk and the signed hard copy by post/hand to Honorary Secretary, SLMA on or before the deadline stated in the advertisement]

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| 1. Surname with Initials:

       |
| 1. Date of Birth (dd/mm/yy):

       |
| 1. Postal Address:

       |
| 1. Contact Telephone Number:

       |
| 1. Contact eMail address:

       |
| 1. Current Designation:

       |
| 1. SLMA Membership No:

       |
| 1. Member of SLMA since:

      |
| 1. Please list significant service to the Profession and the nation (maximum 300 words):

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| 1. Please list the positions held by you in other professional organisations in Sri Lanka and abroad:

       |
| 1. Please list awards received by you:

       |
| 1. Please list special honours (National/ International) bestowed on you:

       |
| 1. Please list 5 priority activities that you propose to carry out as President:

       |
| 1. Please state special claims (maximum 300 words):

       |
| Signature: |
| Date (dd/mm/yy):      |

* Please attach a hard copy of your full curriculum vitae/bio-data to this application.
* Lobbying in any manner or form is likely to be considered as seriously inappropriate activity for any applicant for the high office of President SLMA.
* Applicants are reminded that the office of President SLMA demands a considerable time commitment and that by applying they affirm their commitment to set aside time to fulfill the duties of the office of President SLMA.