



# Anatomical Society of Sri Lanka (ASSL)

## Membership Application

Name:.....

Title: Prof.  Dr.  Mr.  Mrs.  Miss.

Correspondence Address:.....

.....

E-mail:.....

Contact No: .....

Designation: .....

University/Institution:.....

Department:.....

Herewith, I am submitting the Cash/Cheque/Receipt of the Bank deposit of Rs.10,000.00

as Life / Rs.1000.00 as Annual (for year.....) membership fee for the ASSL.

### Account Details

Anatomical Society Sri Lanka.  
A/C No. 0074264221, Bank of Ceylon,  
Regent Street, Colombo 10.

Bankslip is attached: Yes  No

Thank you

Date: .....

Signature: .....

Send your application form to Dr. Nirmala Sirisena, Treasurer of ASSL, Department of Anatomy,  
Faculty of Medicine, University of Colombo.

*(Please cut off the unnecessary words)*