 **DOWELS**

**FOR OFFICE USE ONLY**

Application No- ………………….

Membership No- ………………….

Enrolment Date- ………………….

**DOCTORS’ WELFARE ASSOCIATION**

 **(GUARANTEE) LIMITED**

 DOCTORS’ NETWORK FOR CHARITY & WELFARE

PASSPORT SIZE PHOTO

**APPLICATION FORM**

1. **Personal Details**
2. Surname with initials ………………………………………………………………………………..…………

(In Block Capitals)

1. Names Other than surname ………………………………………………………………………………………………

 (In Block Capitals)

 ……………………………………………………………………………………………………….............

1. Gender Male…………. Female………………

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

1. NIC

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

1. SLMC

1. Graduated University …………………………………………………………………………………………………………………..
2. Permanent Address …………………………………………………………………………………………….…………………….

 …………………………………………………………………………………………....………..…………..

 ………………………………………………………………………………………………..…..…………….

1. Postal Address ………………………………………………………………………………………..….……………

 ……………………………………………………………………………………..……….…………

 ……………………………………………………………………………………………….…….…

1. Marital States. Married………… Unmarried………….. Divorced…………….
2. Date of Birth ………/…………/……………………
3. Present working Station
4. Hospital/Department …………………………………………………………………..………….
5. Unit …………………………………………………… Consultant ……………………….…………..
6. Designation ………………………………………………………………
7. Contact details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

1. Mobile

 Add to Dowels Viber Group – Yes (…..) No (…..)

1. Fixed line ……………………………………………/……………………………………………...
2. E mail …………………………………………………………..…………….
3. Preferred payment method Monthly…………….. Annually………………………
4. Preferred bank ( select one of them)

|  |  |  |
| --- | --- | --- |
| **Bank**  |  | **Account Number** |
| BOC |  |  |
| COMMERCIAL |  |  |
| BY HAND |  |  |

1. Name of the EXCO member who introduced you to the association

|  |  |  |
| --- | --- | --- |
| **Name** | **Unit** | **Contact Number** |
|  |  |  |
|  |  |  |

1. I hereby nominate the person/ persons mentioned below and confer on him/her/ them the right to receive any gratuity in the event of my death.

 1. ……………………………………………………………………………………

 2. …………………………………………………………………………………..

I here by confirmed that above mentioned factors are true and I would agree to follow all the rules and regulation of Doctors’ Welfare Association. (DOWELS)

………………………………………………. ……………………………………………

Signature Date

**OFFICE USE ONLY**

**Director Board Approval**

Proposed By : ……………………………………………………………

Seconded By : 1. ……………………………………………………………

 2. ……………………………………………………………

 …………………………………………………………….

 Chairman : Director Board

1. **Family Details**
2. **Spouse**
* Full Name- ………………………………………………………………………………………………………….

 …………………………………………………………………………………………………………..

* Age- ………………………………………………..
* Occupation- ………………………………………………..
* NIC No- ……………………………………………….
* Telephone No- ……………………………………………….
1. **Children**

|  |  |  |  |
| --- | --- | --- | --- |
|   | Name | Date of Birth | Status |
| Schooling | Higher Education | Occupied | Married |
| 1 |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |

1. **Details of other Family Members**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   |   |   | Name | Age | Occupation |
| (A) | Parents of Member | 1 |   |   |   |
|   | 2 |   |   |   |
|   |   |   |   |   |   |
| (B) | In-laws  | 1 |   |   |   |
|   | 2 |   |   |   |
|   |   |   |   |   |   |
| (C) | Siblings of the member | 1 |   |   |   |
|   | 2 |   |   |   |
|   | 3 |   |   |   |
|   | 4 |   |   |   |
|   | 5 |   |   |   |

**Please submit copies of,**

* **Marriage certificate**
* **Birth certificates of Member, Spouse, Children with the application**

I hereby confirmed that above mentioned facts are true and I would agree to follow all the rules and regulations of the Doctors’ Welfare Association. (DOWELS)

………………………………………………… ………………………………………………….

 Signature Date