

Application for Student Membership of SLIAG

01.	Full Name	
	Name with Initials	
	Title	Mr/ Ms
	NIC No.	
02.	Contact detail	
	Mobile phones	
	Land phones	Home: Office:
	Email address	
	Permanent address	
	Mailing address	
03.	Academic programme information *	
	Name of the degree programme	
	Duration and dates	From To (..... Years)
	Institution name and address	
	Student ID number	
	Date of enrolment	
	Present year and semester	
	Subjects studying	Year1 Year 2 Year 3 Year 4

04.	Two Referees <i>non-relatives (preferred SLIAg Professional Members/ Fellows/ Academic supervisors)</i>	
	Name: Designation: Institution: Address: phone no: E-mail:	
	Name: Designation: Institution: Address: phone no: E-mail:	
05.	Any other relevant information to be considered *	

**Attach certified documents*

I declare the information submitted for the Student Membership of SLIAg is true and correct. I agree to abide the constitution of SLIAg and Code of Ethics that may be in force and pay all the dues applicable from time to time. I also agree that membership may be terminated immediately if the Governing Council of SLIAg conclude that I have submitted false information herewith.

.....
Signature of the Applicant

.....
Date

Certified and forwarded by the Institution:

The above information given by the applicant is true as per our records and therefore, the application is certified and forwarded for further action. I would like to recommend him/ her for the Student Membership of SLIAg.

.....
 Dean of the Faculty
 (signature and date on the official stamp)

For office use:

Receiving date of the Application: Application reference no:

Informing date, if incomplete:

Date of the completed application received after informed:

General Secretary sign and date:

Decision of the Membership Committee:

After reviewing the application, documents and relevant information, we recommend that the Applicant is qualified for the Student Membership as per the constitution of the SLIAG.

Special remarks if not recommended

S/N	Title	Name	Agree/ disagree	Signature	Date
1.	Chairman				
2.	Member				
3.	Member				

Decision of the GC:

Reference of the GC meeting: Approved/ Not approved

Special remarks if not approved:

Reference of informing the decision to the Applicant:

Secretary (signature and date):

Payment of Membership Fees:

Amount: Receipt No: Date:

Validity: from To

Treasurer (signature and date)

Issuing the certificate and ID card:

Identification number of the Member: /...../.....

Certificate number and issuing date:

ID card number and issuing date:

Secretary (signature and date)

President (signature and date)