



Society of Government Pharmacists

Members Enrollment Application

Paste Your Colour
Photograph Here
(Passport Size)

*** Fields marked with an asterisk are mandatory**

Personal Details

1. Title*: Mr ☐ Miss ☐ Mrs ☐

2. Name in Full* (IN BLOCK CAPITAL LETTERS):

[illegible]

3. Name with Initials* (IN BLOCK CAPITAL LETTERS):

[illegible]

4. Maiden Name:

[illegible]

5. Permanent Address*:

[illegible]

6. Mailing Address (if other than mentioned in No.5) :

[illegible][illegible]

8. Date of Birth* :

D	D	M	M	Y	Y
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9. i) Contact Details:

Mobile No*									
Residence No									
WhatsApp No									

ii) Email*(*mention the email address used to register in web site*):

[illegible]

Instructions to register as a member in the SGP web page

1. Take a printout of above document. (take page 1 and 2 in both side of a A4 sheet)
2. Fill the application with relevant information
3. Fields marked with an asterisk (*) are mandatory
4. Cut down irrelevant words
5. Mark ☐ in the relevant boxes
6. Post the duly filled application to the SGP office's address given below on or before 31st of March 2021

**The Secretary,
Society of Government Pharmacists,
873, 1/1, Second Division, Maradana,
Colombo 10**

7. Mention "Registration of Pharmacist- SGP's Web page" in top left corner of the letter.

Note: The information given by you through this application is verified with the information submitted in online fills, then only you will be admitted to access the system. Hence make sure to provide correct information to avoid inconvenience occurring to you.