**Application for Fellowship of Otorhinolaryngologists and Head & Neck Surgeons**

1. Full name :
2. Designation :
3. Post graduate qualifications :
4. Date of Board certification in otolaryngology :
5. Date of joining the College of Otorhinolaryngologists and Head and Neck Surgeons of Sri Lanka :
   1. Associate member
   2. Ordinary member
6. Official address : Phone No :
7. Residential address : Phone No :
8. Address for correspondence :
9. Email address :
10. Mobile no :
11. Participation as a resource person at any college CME / AAS /Workshop
12. Participation as a resource person at any other academic activity
13. Participation in college activities : college workshops/CME/ as a council member/ sub committee
14. Journal publications

Were you a member of the association of Otolaryngologists of Sri Lanka? Yes/no

If yes, date of joining:

****

…………………………………….

Signature:

Copies of relevant documents should be submitted with the application.