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## Health Informatics Society of Sri Lanka

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### Application for Student Membership

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You are eligible to apply student membership of HISSL if you belong to one of the following categories:

1. A student of any medical/dental faculty.
2. A student of any paramedical teaching programme.

<b>Title</b>	
<b>Surname</b>	
<b>Other Names</b>	
<b>Date of Birth</b>	
<b>Sex</b>	
<b>Institution</b>	
<b>Registration No</b>	
<b>Date of Commencement of Program</b>	
<b>Expected Date of Graduation</b>	

Please indicate where HISSL should send correspondence to:

<b>Address:</b>	
<b>Phone No:</b>	
<b>Fax No:</b>	
<b>Email No:</b>	

Please attach a letter from the registrar/principal of your institution/programme confirming your student status.

I hereby apply for admission as a Student member of the Health Informatics Society of Sri Lanka and undertake to abide by the Constitution of the Society.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>FOR OFFICIAL USE</b>	
Date Received	
Date Approved	
Fee:                      Cash	
Cheque No/Bank	
Member Category	
No	
Signature	