

**COUNCIL OF SRI LANKA COLLEGE OF RADIOLOGISTS 2020-2021
ELECTION**

APPLIED VACANCY -----

FULL NAME OF THE APPLICANT -----

DATE OF BOARD CERTIFICATION -----

CONTACT ADDRESS -----

CONTACT TELEPHONE -----

EMAIL -----

I certify that above particulars are correct

Signature -----

Date -----

Nominated by -----

Seconded by -----