



D. S. Senanayake College **Old Boys' Association** **Application for membership**

Batch	Membership Number
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Please fill in Block Capitals

☐ Life

Personal Data	Name in Full (Please Underline Surname)		
	Date of Birth	N.I.C No.	Issue Date
	Permanent Address (Number & Street)		
		City	Postal Code
	Residential Telephone Number	Residential Facsimile Number(s)	Mobile
	E-mail / Website		
	<input type="checkbox"/> Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced Number of Male Children <input type="checkbox"/> Parent of D.S.S		

Details of Study at D.S.S	Period of Study at D.S From	To	Batch	Admission No.
	Academic Achievements <input type="checkbox"/> Scholarship Examination <input type="checkbox"/> G.C.E(Ordinary Level) (Year:) <input type="checkbox"/> G.C.E (Advance Level) (Year:)			
	Leadership Achievements <input type="checkbox"/> Junior Prefect (Year :) <input type="checkbox"/> Senior Prefect (Year:) <input type="checkbox"/> Head/Deputy Head Prefect (Year)			
	Extra Curricular Achievements			
	Sports Achievements			

Higher Education	Details of higher or professional Education Achieved with Details of Scholarship (if any) and Memberships of Professional Bodies			
	Name of Degree/ Diploma	Institution	Details of Diploma / Degree	Year

Official	Place of Work		
	Designation		
	Official Address (Number & Street		
	City	Postal Code	
	Telephone Numbers	Facsimile	
	E-mail / Website		

Declaration	I declare that the details furnished by me above are correct and that the documentary proof forwarded by me is authentic to the best of my knowledge and belief. I understand that the decision of the General Committee on approval of my application is final. Further I understand that if any of the details furnished by me, or the documentary proof forwarded by me are found to fraudulent, the General Committee of the D.S.S.C – O.B.A. Reserves the right to terminate my member ship as and when it deem fit.		
 Signature of Applicant	www.dsscoba.com Date

Recommendations	Proposer	Name			
		Membership No		Issue Date	
		Service <input type="checkbox"/> Executive committee <input type="checkbox"/> General Committee <input type="checkbox"/> Sub Committee (Please Specify)			
		I hereby Propose Mr.....of batch To be enrolled as a life/ordinary member of the D.S.Senarayake College old Boy's Association. Signature Date			
	Second	Name			
		Membership No		Issue Date	
		Service <input type="checkbox"/> Executive committee <input type="checkbox"/> General Committee <input type="checkbox"/> Sub Committee (Please Specify)			
		I hereby Propose Mr.....of batch To be enrolled as a life/ordinary member of the D.S.Senarayake College old Boy's Association. Signature Date			

Membership Card Received	Signature	Date
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For Office Use Only

For Office Use Only	Details of Documentary Proof			
	<input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Sports Certificate <input type="checkbox"/> Other (Please Specify)			
	<input type="checkbox"/> Character Certificate <input type="checkbox"/> Education Certificate			
	Application Checked by		Signature	
	Certificates Authenticated by		Signature	
	Submitted for General Committee Approval on the General Committee meeting Held			
Application Approved/Rejected due to				Date
President		General Secretary		

PLEASE NOT THAT THE FOLLOWING IS REQUIRED TO PROCESS THE APPLICATION

1. Copy Of the National Identity Card
2. Copy of the Character Certificate/Living Certificate
3. Two Passport Size Photographs(Colour)
4. Life Membership Free 2,250.00



D. S. Senanayake College
Old Boys' Association
Issue of membership Card

Office Use Only

Disk No:
Date:
D.S.O.B.A. / 130

- * Please write one letter in each box & Leave one box empty after each name
- * Please use a black pen.

1. Full Name With Initials

2. N.I.C No.

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3. Membership No.

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4. Membership Date

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5. Address

6. Holder's Signature
(Please Place Your Signature
Inside the Box out touching
border side lines)

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Note : Photographs are taken only on Fridays from 9.00 A.M 5.00 P.M For new I.D Card