

Hon. Secretary,  
Public Health Inspector's Union of Sri Lanka,  
No. 673/3, Maradana Road,  
Colombo 10.

Attach a small photo of yourself or e-mail to [phisrilanka1@gmail.com](mailto:phisrilanka1@gmail.com) with your Membership No. & Name

(Office Use Only)  
Membership No. - .....  
Date - .....

Dear Comrade,

..... do hereby make my application for membership of the Public Health Inspectors' Union of Srilanka. Please enroll me as member.

- With this membership I am aware that I also become a member of the benevolent fund & welfare fund of the union.
- I do hereby authorize my paying authority to deduct from my salary my membership fees, contributions to the benevolent, action & welfare fund and any other contributions due from me to the union.
- I hereby undertake to abide by the constitution and other rules and regulations, constitution of the benevolent, action & Welfare fund of the Public Health Inspectors' Union of Srilanka. I also agree to accept as the final decisions of the General Council of the Union on all matters related to my membership.
- In the event of my death while being a member of the union I nominate the persons named in cage No.11 below in order of receive all benefits of the benevolent & fund. I also certify the signature / left thumb impressions given below are own my nominees.

- Name with initials - .....
- Names denoted by initials - .....
- Contact Number Home - ..... Mobile/Whatsapp - .....
- Date of Birth - ..... 5. NIC Number - .....
- Permanent Address - .....
- Date of appointment as PHI - ..... 8. Training Centre & Batch- .....
- Present place of work RDHS Area/ Line Ministry - .....  
MOH area/ Special campaign - .....
- Official Address - .....
- Name of Nominees for Benevolent fund benefits -

Name	Relationship	Signature

Date - ..... Signature of Applicant - .....  
Wittiness (2 Member of the Union)

Name	Working Station	Membership No	Signature

Accountant

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I hereby authorize you, my paying authority, to deduct the sum of Rs..... from my salary, being the sum of my membership fees and other contributions payable by me to the Public Health Inspectors' union of Sri Lanka. If the above amount varies from time to time, I hereby authorize you to deduct the said amount from my salary as per notification of Public Health Inspectors' Union of Sri Lanka.

Pay No. - ..... Name - .....  
Signature - .....

Membership No. - ..... Since the above named person is a member of our Union, we kindly request that the above mentioned membership fee to be deducted from his salary and credited to our Union.

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Secretary, Public Health Inspectors' union of Sri Lanka