

12. Particulars regarding PGIM training programmes/courses of study/PGIM exams tried for which you had been enrolled but were not completed or was rejected or failed :

- (a) Name of Training programme/Course of Study :
- (b) Date of registration :
- (c) Date of leaving course/programme :
- (d) Reason for not completing :

13. Details pertaining to courses/training programme/if any, for which you are currently enrolled in the PGIM /other Institute :

- 1) Name of Study programme:
- 2) Date of registration :

14. Have you previously sat the examination for which you apply now? Yes / No

If 'Yes' state :

(a) Total number of previous attempts with details (Please attach a separate sheet) :

(b) Details of **first** attempt –

<u>Date of Examination</u>	<u>Index No.</u>	<u>Results</u>
.....

(c) Details of **last** attempt –

<u>Date of Examination</u>	<u>Index No.</u>	<u>Results</u>
.....

15. Details of Overseas Training (If any) :

(a) Date of enrolment : (b) Duration :

(c) Speciality :

(d) Whether on an Award or on no-pay/full pay leave (give details and the period of leave granted) :

(e) Date of resumption of duties in the Ministry / University/Private Sector :

D	D	M	M	Y	Y	Y	Y

16. (a) Have you ever over stayed leave/resigned from or left the government service? Yes / No

If 'yes' give details :

i) Date of leaving/resignation :

ii) Date of rejoining/re-employment :

(b) Have you been issued with vacation of post notice? Yes/No If 'Yes' give details :

i) Date of such vacation of post :

17. Total fees paid for this examination you are applying:

<u>Amount (Rs./US\$)</u>	<u>Date of payment</u>	<u>Branch of Bank</u>
.....

18. Details pertaining to the documents annexed / in support of this application (Please mark 'X' in the relevant cage) :

- | | |
|--|--------------------------|
| (a) Certified copy of the Certificate of full Registration with the SLMC | <input type="checkbox"/> |
| (b) Certified copies of certificates pertaining to appointments held
and postgraduate qualifications obtained/Log book/Appointment card | <input type="checkbox"/> |
| (c) Certified copy of the MBBS/BDS degree | <input type="checkbox"/> |
| (d) Case Book | <input type="checkbox"/> |
| (e) Bank receipt (Depositor's copy) for the total fees paid | <input type="checkbox"/> |

Notes :-

1. A trainee who had either vacated post or resigned **may** have to complete one year of service after re-employment before he/she is selected for a training programme. **This is under review.**
2. In the case of a trainee **who wishes to change the speciality in which he/she is undergoing postgraduate training, such a request for change of course will be allowed only after a period of two years from the date of request for the change.**
3. If a medical or dental officer wishes to **enroll in a postgraduate training programme in another speciality, such a request will be allowed only after a period of two years of service from the date of completion of the previous postgraduate training programme.**
4. A medical or dental officer in the Ministry of Health should have completed a minimum period of 5 years service as a pre requisite to enrol for training courses such as DFM, where obtaining such a qualification is a requirement for promotion from one grade to another in the Ministry. (Rules and Regulations pertaining to courses and exams can change from time to time. Therefore, please read the prospectus and the Circular letters of PGIM for further details.)

I do hereby certify that I have read and understood the 'Notes' above and also that the particulars furnished by me in this application are true and accurate to best of my knowledge. In the event of my application being accepted, I shall abide by all the rules and regulations governing examinations of the Postgraduate Institute of Medicine.

I am also aware, and I agree that the Institute has the right to cancel my registration at any time in the event that all conditions and performance levels laid down by the Board of Management and the respective Board of Study, are not fulfilled and/or if any particulars furnished by me in this application are found to be incorrect or inaccurate: I am also aware that disciplinary action can be taken in addition to cancellation of exam registration.

Date :

.....

Signature of Applicant

PART B

Recommendation of application by the Head of the Institution*

Director,
Postgraduate Institute of Medicine.

I certify that the details given above by the candidate are true and accurate. In the event that the candidate is selected for training by the Postgraduate Institute of Medicine, he/she **can be released for such training.**

Date :
Signature

Name :

Designation :

Official Stamp :

**(Head means your head of Institution in the current working place (Eg. Director of NHSL) in the case of government candidates. Private candidates may use the Chairman/CEO of the organization they work for if applicable.)*

PART C

(To be filled by the Academic Branch, Postgraduate Institute of Medicine)

Dr. has paid / not paid all course fees to the PGIM.

.....
Signature of DR/AR

Date :

Staff Officer's Name :

INSTRUCTIONS

General

No column in the application form should be left unfilled. If any cage is not relevant, indicate “none” or “not relevant” as the case may be.

If space provided in any column of the application form is insufficient, a separate sheet giving all such details should be attached indicating the relevant cage number.

Delete whichever inapplicable words where indicated.

Specific

1. Cage 2 – In the event of a discrepancy in the names appearing in your educational certificate/s and the names in the Cage 2, an affidavit to the effect that all these names refer to you should be attached to the application.
2. Cage 6 – Applicants whose names do not yet appear in the current edition of the SLMC Register, must submit evidence of their qualification and the date of obtaining such qualification together with the evidence showing that they have completed satisfactorily 12 months of internship.
3. Cage 18 – The current full fee (Registration + examination) should be paid at the time of Application to any branch of the Bank of Ceylon to the credit of the PGIM account No. 193413, Bank of Ceylon, Borella.

Web Site : www.cmb.ac.lk/pgim

PAYMENT BY CASH ONLY

THIS COPY FOR DEPOSITOR

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO
No. 160, Norris Canal Road, Colombo 7.

BANK OF CEYLON Branch

Please credit to the PGIM Account No. **193413** Bank of Ceylon, Super Grade Branch, Borella.

Name of Depositor in Full (IN BLOCK LETTERS)

(Candidate' Name) :

.....

Address :

.....

Rs. Cts.

Examination Registration fee (state name of Exam)			
.....			
Examination fee (state name of Exam)			
.....			
Application Fee	State Sector	500	00
(Delete Appropriately)	Private Sector	750	00
Other payments (state purpose)			
.....			
.....			
Total			

(Note: All fees will be 50% more and needs to be added to stated fees in the case of private sector applicant)

Total (in words) Rupees :

Date :

.....
(Depositor's Signature)

Received the above amount for credit of the Postgraduate Institute of Medicine Account No. **193413**, Bank of Ceylon, Super Grade Branch, Borella.

Date :-
.....
Manager, Bank of Ceylon

PAYMENT BY CASH ONLY

THIS COPY TO BE FORWARDED BY BANK

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UNIVERSITY OF COLOMBO
No. 160, Norris Canal Road, Colombo 7.

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Manager, Bank of Ceylon

