



**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA**



For office use only	
PGIM Roll No.	
Exam Index No	

APPLICATION FOR REGISTRATION TO SIT EXAMINATIONS
(To be completed for every exam needing Registration)

(You are advised to read carefully the instructions given in the last page before filling this form)

<input type="checkbox"/> Ministry of Health Applicant	<input type="checkbox"/> Non-State Applicant
<input type="checkbox"/> University Applicant	<input type="checkbox"/> Armed Forces Applicant

PLEASE PASTE YOUR PHOTO HERE

(If you had previously given photograph to PGIM – you need not paste photo)

Size (2” x 1.5”)

PART A

1. (a) Examination applied for:
- (b) Month & Year :

2. (a) Full Name :
- (b) Names with initials :
- (In Block letters)

3. (a) Date of Birth : (d) Sex :
- (b) Age at closing date of application : (e) Marital Status :
- (c) National Identity Card No : (f) Issued Date :

4. (a) Preferred Postal address :
- (For the purpose of mailing letters)
- (b) Permanent Home address :
-
- (c) Contact Nos. (Office) : (Residence)
- Email: Mobile

5. Particulars of First Medical/Dental Degree :
- (a) Degree : (c) University :
- (b) Date of Graduation : (d) Country :

* (Attach evidence to prove your qualifications)

6. Details of Internship. (Applicable only to MBBS Graduates)

	<u>Appointment</u>	<u>Period</u>		<u>Hospital</u>
	<u>(post/grade)</u>	<u>From</u>	<u>To</u>	
(a)
(b)

* (Please attach a copy of the Internship Certificate for Selection Examinations/Part – I/Screening Exams).

If attached please Mark “X” in the given box

7. SLMC Registration Number and the Date of Registration with Sri Lanka Medical Council :

Number :

Date :
D D M M Y Y Y Y

8. Details of appointments held after registration (Post Internship) in chronological order:

<u>Appointment</u>	<u>Period</u>		<u>Hospital</u>	<u>Name of the Consultants</u>
<u>(post/grade)</u>	<u>From</u>	<u>To</u>		<u>and Speciality</u>
.....
.....
.....
.....
.....

* (please attach a copy of the appointment letter)

9. Details of leave (Maternity/Vacation/other) taken during the period of Internship/Post Internship period :

(a) Internship -			
<u>Type of leave</u>		<u>From</u>	<u>to</u>
Maternity	.....	.....	.....
Vacation	.....	.....	.....
Other	.....	.....	.....
(b) Post Internship -			
<u>Type of leave</u>		<u>From</u>	<u>to</u>
Maternity	.....	.....	.....
Vacation	.....	.....	.....
Other	.....	.....	.....

10. (a) Present Post & Grade :
- (b) Date of Appointment :
- (c) Hospital / Station :
- (d) Name of the Consultant & Speciality :

11. Particulars pertaining to other Postgraduate qualifications, if any, that you have already obtained from PGIM/Universities/Colleges (local/foreign) :

<u>PGIM/University/College</u>	<u>Degree/Diploma/Certificate</u>	<u>Date of the qualification</u>
.....
.....

12. Particulars regarding PGIM training programmes/courses of study/PGIM exams registered/applied 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>
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.....

(c) Details of **last** attempt –

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

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>
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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.
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.)
5. Application submitted without all the requested required information will be rejected.
6. The applicant should read and be familiar with the contents in the prospectus, examination formats, rules and regulations of the PGIM and University of Colombo. It will be the responsibility of the applicant to obtain such documents and information after paying the required fee if any.

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 :

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	550	00
(Delete Appropriately)	Private Sector	825	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

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

BANK OF CEYLON Branch

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Date :-
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Manager, Bank of Ceylon

