

**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO**

APPLICATION FOR REGISTRATION/ENROLMENT FOR THE COURSE

POSTGRADUATE DIPLOMA IN MEDICAL EDUCATION

01. Name in full (in Block letters) :.....

02. Surname with initials (in Block letters) :.....

03. Date of Birth :.....04. NIC No/ Passport No :.....

05. Sex :.....06. Marital Status :.....

07. Address : (a) Official :.....

Tel No :.....

(b) Permanent :.....

Tel No :.....

(c) E.mail Address :.....

Mobile :.....

08. PGIM Roll No. in Postgraduate Certificate in Medical Education / Certificate in Health Professions Education:

Candidates having other Postgraduate Medical Education Certificates or Diplomas please attach a certified copy of the certificate, details of the curriculum followed, transcript of marks, description of the course and the contact details of the institution in which you have followed the course as mentioned below.

Name of the Course:.....

Duration of the Course:.....

Name of the Institution and the address:.....

Tel No. of the Institution:.....

Email address of the Institution:.....

Please fill part A,B or C according to your eligibility criteria:

PART A: Please fill in this section if you are a doctor with an MBBS degree or Equivalent, registered with or recognized by the SLMC

09. Particulars of first Medical Degree :

(1) Degree :.....

(2) University :.....

(3) Date of Graduation :.....

(Please attach a certified copy of the Degree Certificate)

10. Details of first appointment (Internship):

<u>Title of Post</u>	<u>Dates of commencement & completion of Internship appointments</u>	<u>Hospital & Country</u>
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(1).....

(2).....

(Please attach documentary evidence in respect of overseas appointments)

11. Particulars of appointment held after registration (in chronological order)

<u>Grade or Title or Post</u>	<u>Date when post began & ended</u>	<u>Hospital/University</u>	<u>Consultant</u>
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(Attach a separate sheet, if space is not sufficient)

12. (a) Present post (Grade or title) :.....

(b) Date of appointment :.....Institution:.....

13. Particulars pertaining to registration with the Sri Lanka Medical Council /other institutions :

(1) Date of Registration :.....

(2) Number assigned by the SLMC/ Other institutions :

(Please attach a certified copy of the certificate)

14. Particulars pertaining to qualifications which you have already obtained from PGIM/Universities/Colleges :

PGIM/University/College Degree/Diploma/Certificates Date of passing the exam
.....
.....

15. Are you currently registered on a PGIM course

- (1) Name of study programme :.....
- (2) Date of registration :.....

PART B: Please fill this section if you are a Graduate non medical lecturer in a Faculty of Medicine, Dentistry, Veterinary Sciences or Allied Health Sciences.

16. Particulars of first Degree :

- (1) Degree :.....
- (2) University :.....
- (3) Date of Graduation :.....
(Please attach a certified copy of the Degree Certificate)

17. Details of Appointments :

<u>Title of Post</u>	<u>Dates of commencement & completion</u>	<u>Place of work</u>
(1).....
(2).....

(Please attach documentary evidence in respect of overseas appointments)

18. (a) Present post (Grade or title) :.....

(b) Date of appointment :.....Institution:.....

19. Particulars pertaining to qualifications which you have already obtained from PGIM/Universities/Colleges :

PGIM/University/College Degree/Diploma/Certificates Date of passing the exam
.....
.....

20. Are you currently registered on a PGIM course

(3) Name of study programme :.....

(4) Date of registration :.....

PART C: Please fill in this section if you are a full time Tutor with 3 or more years experience in teaching on paramedical courses.

21. Particulars of first Degree:

(1) Degree:.....

(2) University :.....

(3) Date of Graduation :.....

(Please attach a certified copy of the Degree Certificate)

22. Details of Full time Tutoring experience:

Title of Post Dates of commencement & completion Place of work

(1).....

(2).....

(Please attach documentary evidence in respect of each appointment)

- **Please submit a detailed curriculum vitae along with the application form.**

I do hereby certify that the particulars furnished by me in this application are correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing the course/training programme of the institute.

I am also aware and agree that the institution reserves the right to cancel my registration at any time in the event that all necessary conditions laid down by the Board of Management and the respective Board of Study are not fulfilled.

Date :.....

.....
Signature of the applicant

Postgraduate Institute of Medicine University of Colombo

POSTGRADUATE DIPLOMA IN MEDICAL EDUCATION 2009

Application fees

Local candidates- Rs. 500/-

The application fees should be paid to any branch of the Bank of Ceylon to the credit of the PGIM account No. 193413, Bank of Ceylon, Borella.
Bank receipt (Depositor's copy) should be sent to the PGIM along with application form.

Foreign candidates- US\$ 10

Account details:

Name of bank-Bank of Ceylon, Borella Branch, Sri Lanka

Bank Code- 7010

Branch Code-038

SWIFTADDRESS- BCEYLKLX

Account No- 0193413

Name of the Account- Postgraduate Institute of Medicine

Foreign students need to send Application form and evidence of deposition-Bank receipt (Depositor's copy) as scanned documents to our Email merc.pgim@yahoo.com or post it to following address.

"Duly perfected application forms with support documents (including application fee payment receipt) should be forwarded to the Director / PGIM."

Professor Rezvi Sheriff,
Director, PGIM,
University of Colombo
160, Norris Canal Road, Colombo 07
Sri Lanka

PAYMENT BY CASH ONLY
Local Candidates

THIS COPY FOR DEPOSITOR

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

Sri Lanka 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	500	00
Other payments (state purpose)		
Total		

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
Local Candidates

THIS COPY TO BE FORWARDED BY BANK

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UNIVERSITY OF COLOMBO
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