



Certificate of competence in COMPUTER APPLICATIONS

CCCA

APPLICATION FROM

PLEASE COMPLETE THE FORM CLEARLY IN BLOCK CAPITALS .

PART I : YOUR DETAILS

Title

Professor

Dr.

Mr.

Ms.

SLMC No:

First Name

Surname

(As you would like it to appear on your certificate)

Designation

Institution

Mailing address

Telephone

Mobile

E mail

PART 2: PAYMENTS

(Please check vacancies are available before payment made to the Bank. Tel : 0112689266)

AMOUNT

Rs. 11500/-

Date

.....
Signature

PART 3: FOR OFFICE USE ONLY

Registration No:

Note: You can make payments to the Bank(BOC) and attach photocopy of depositor copy with this application and send it to “Medical Education Resource Center, PGIM, 160, Norris Canal Road, Col 07”.

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.

Course Registration fee (state name of Course) Computer Training (CCCA)	11500	00
Examination fee (state name of Exam)		
Application Fee		
Other payments (state purpose)		
Total	11500	00

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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