

**FOR POSTGRADUATE STUDENTS ONLY**

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

(This form should be completed in duplicate)

**BANK OF CEYLON**

**INSTRUCTIONS TO BANK:** Please do not accept unless the cage/s below is/are completed

Please credit to the PGIM Account No. 193413.  
Bank of Ceylon, Danister de Silva Mawatha, Colombo 8.

**1. Name of depositor in full (IN BLOCK LETTERS)**

(Candidate's Name): .....

**2. Address :** .....

.....

- 1. Registration fee (state name of Course/Examination) .....
- 2. Tuition/Course fee (state name of Course).....
- 3. Examination fee (state name of Exam) .....
- .....
- 4. Other payments (state purpose for which payment is made) .....

**Total**

**Total (in words) Rupees :**.....

| Rs.   | Cts.  |
|-------|-------|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Date: .....

.....  
(Depositor's Signature)

Received by cash, the above sum for credit of the Postgraduate Institute of Medicine Account No. 193413, Bank of Ceylon, Danister de Silva Mawatha, Colombo 8.

Date: .....

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For Manager, Bank of Ceylon