

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. 192278 .
Bank of Ceylon, Danister de Silva Mawatha, Colombo 8.

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

(Candidate's Name):

2. Address :

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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.
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Date:

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(Depositor's Signature)

Received by cash, the above sum for credit of the Postgraduate Institute of Medicine Account No. 192278 , Bank of Ceylon, Danister de Silva Mawatha, Colombo 8.

Date:

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For Manager, Bank of Ceylon