

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. **192278** 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	00
(Delete Appropriately)	Private Sector	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. **192278**, Bank of Ceylon, Super Grade Branch, Borella.

Date :-
.....
Manager, Bank of Ceylon

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