



**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA**



For office use only	
PGIM Roll No.	
Exam Index No	

APPLICATION FOR REGISTRATION TO SIT EXAMINATIONS
(To be completed for every exam needing Registration)

(You are advised to read carefully the instructions given in the last page before filling this form)

- | | |
|--|---|
| <input type="checkbox"/> Ministry of Health Applicant | <input type="checkbox"/> Armed Forces Applicant |
| <input type="checkbox"/> Other Government Ministry Applicant | <input type="checkbox"/> Non-State Applicant |
| <input type="checkbox"/> University Applicant | <input type="checkbox"/> Foreign National Applicant |

PLEASE PASTE YOUR PHOTO HERE

(If you had previously given photograph to PGIM – you need not paste photo)

Size (2” x 1.5”)

PART A

1. (a) Examination applied for:
- (b) Month & Year :

2. (a) Full Name :
(as in the SLMC registration certificate)
- (b) Names with initials :
(In Block letters)

3. (a) Date of Birth : (e) Sex :
- (b) Age at closing date of application : (f) Marital Status :
- (c) National Identity Card No : (g) Issued Date :
- (d) Country of Residence: (h) Nationality :

4. (a) Preferred Postal address :
(For the purpose of mailing letters)
- (b) Permanent Home address :

- (c) Contact Nos. (Office) : (Residence)
- Email: Mobile

5. Particulars of First Medical/Dental Degree :

- (a) Degree : (c) University :
 (b) Date of Graduation : (d) Country :

* (Attach evidence to prove your qualifications)

6. Details of Internship. (Applicable only to MBBS Graduates)

	<u>Appointment</u> (post/grade)	<u>Period</u>		<u>Hospital</u>
		<u>From</u>	<u>To</u>	
(a)
(b)

* (Please attach a copy of the Internship Certificate for Selection Examinations/Part – I/Screening Exams).

If attached please Mark “X” in the given box

7. SLMC Registration Number and the Date of Registration with Sri Lanka Medical Council:

Number:

Date :
D D M M Y Y Y Y

8. Details of appointments held after registration (Post Internship) in chronological order:

	<u>Appointment</u> (post/grade)	<u>Period</u>		<u>Hospital</u>	<u>Name of the Consultants</u> <u>and Speciality</u>
		<u>From</u>	<u>To</u>		
.....
.....
.....
.....
.....

* (please attach a copy of the appointment letter)

9. Details of leave (Maternity/Vacation/other) taken during the period of Internship/Post Internship period :

(a) Internship -			
<u>Type of leave</u>		<u>From</u>	<u>to</u>
Maternity	.....	.....	.....
Vacation	.....	.....	.....
Other	.....	.....	.....
(b) Post Internship -			
<u>Type of leave</u>		<u>From</u>	<u>to</u>
Maternity	.....	.....	.....
Vacation	.....	.....	.....
Other	.....	.....	.....

10. (a) Present Post & Grade :
 (b) Date of Appointment :
 (c) Hospital / Station :
 (d) Name of the Consultant & Speciality:

11. Particulars pertaining to other Postgraduate qualifications, if any, that you have already obtained from PGIM/Universities/Colleges (local/foreign):

<u>PGIM/University/College</u>	<u>Degree/Diploma/Certificate</u>	<u>Date of the qualification</u>
.....
.....

12. Particulars regarding PGIM training programmes/courses of study/PGIM exams registered/applied for which you had been enrolled but were not completed or was rejected or failed:

- (a) Name of Training programme/Course of Study :
- (b) Date of registration :
- (c) Date of leaving course/programme :
- (d) Reason for not completing :

13. Details pertaining to courses/training programme/if any, for which you are currently enrolled in the PGIM /other Institute :

- 1) Name of Study programme :
- 2) Date of registration :

14. Have you previously sat the examination for which you apply now? Yes / No
If 'Yes' state:

(a) Total number of previous attempts with details (Please attach a separate sheet) :

.....

(b) Details of **first** attempt –

<u>Date of Examination</u>	<u>Index No.</u>	<u>Results</u>
.....

(c) Details of **last** attempt –

<u>Date of Examination</u>	<u>Index No.</u>	<u>Results</u>
.....

15. Details of Overseas Training (If any):

- (a) Date of enrolment: (b) Duration:
- (c) Speciality:.....
- (d) Whether on an Award or on no-pay/full pay leave (give details and the period of leave Granted):
- (e) Date of resumption of duties in the Ministry / University/Private Sector :

D	D	M	M	Y	Y	Y	Y

16. (a) Have you ever over stayed leave/resigned from or left the government service? Yes / No
If 'yes' give details :

- i) Date of leaving/resignation :
- ii) Date of rejoining/re-employment :

- (b) Have you been issued with vacation of post notice? Yes/No If 'Yes' give details :
 i) Date of such vacation of post :

17. Total fees paid for this examination you are applying:

<u>Amount (Rs./US\$)</u>	<u>Date of payment</u>	Online Payment Transaction ID
.....

18. Details pertaining to the documents annexed / in support of this application (Please mark 'X' in the relevant cage) :

- | | |
|---|--------------------------|
| (a) Certified copy of the Certificate of full Registration with the SLMC | <input type="checkbox"/> |
| (b) Certified copies of certificates pertaining to appointments held and postgraduate qualifications obtained/Log book/Appointment card | <input type="checkbox"/> |
| (c) Certified copy of the MBBS/BDS degree | <input type="checkbox"/> |
| (d) Case Book | <input type="checkbox"/> |
| (e) Online payment Receipt | <input type="checkbox"/> |

Notes:-

- 1. The applicant should read and be familiar with the contents in the relevant prospectus and the General Regulations of the PGIM and University of Colombo. It will be the responsibility of the applicant to obtain such documents and information after paying the required fee if any.**
- 2. Application submitted without all the requested required information will be rejected.**

I do hereby certify that I have read and understood the 'Notes' above and also that the particulars furnished by me in this application are true and accurate to best of my knowledge. In the event of my application being accepted, I shall abide by all the rules and regulations governing examinations of the Postgraduate Institute of Medicine.

I am also aware, and I agree that the Institute has the right to cancel my registration at any time in the event that all conditions and performance levels laid down by the Board of Management and the respective Board of Study, are not fulfilled and/or if any particulars furnished by me in this application are found to be incorrect or inaccurate: I am also aware that disciplinary action can be taken in addition to cancellation of exam registration.

Date:

.....
 Signature of Applicant

PART B

Recommendation of application by the Consultant / Head of the Institution

To; Director General of Health Services

I certify that the details given above by the candidate are true and accurate. In the event that the candidate is selected for training by the Postgraduate Institute of Medicine, he/she **can be released for such training.**

Name of the Supervising Consultant.....

(only if applicable)

Date:.....

.....

Signature

Designation:.....

Official Stamp:

Name of the Head of the Institution.....

Date:.....

.....

Signature

Name:

Designation:.....

Official Stamp:

NOT RELEVANT FOR MD(PART II) EXAMINATIONS AND PRIVATE SECTOR CANDIDATES

PART C

Approval of application by the Director General of Health Services

To; Director,
Postgraduate Institute of Medicine

I certify that the details given above by the candidate are true and accurate. **I approve this application for the relevant examination.** In the event that the candidate is selected for training by the Postgraduate Institute of Medicine, he/she **can be released for such training.**

Signature:

Date:

Official Stamp of the DGHS or his delegated authority :

PART D

(To be filled by the Academic Branch, Postgraduate Institute of Medicine)

Dr. has paid / not paid all course fees to the PGIM.

.....
Signature of DR/AR

Date :.....

Staff Officer's Name :