



COURSE IN COMPUTER APPLICATIONS

PLEASE COMPLETE THE FORM CLEARLY IN BLOCK CAPITALS

PART 1: YOUR DETAILS

Title	Dr.	<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	SLMC No.
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Name

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

Designation

Institution

Mailing Address

Contact Nos

E mail

PART 2: PAYMENTS (Please check vacancies are available before payment made to the Bank. Tel : 0112689266) For online payment please visit http://pgim.cmb.ac.lk
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AMOUNT : 16,500/= Date :

Signature :

PART 3 : FOR OFFICE USE ONLY	Registration No. :
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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, Prof. Nandadasa Kodagoda Mawatha, Colombo 07”**.
If online payment , please give transaction Id : (or attach payment receipt)

PAYMENT BY CASH ONLY

THIS COPY FOR DEPOSITOR

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO
No. 160, Prof Nandadasa Kodagoda Mw., 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.

Registration fee (state name of Course)		
Tuition/Course fee (state name of Course)Computer Course	16500	00
Examination Fee (state name of Exam)		
Other payments (state purpose)		
Total	16500	00

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

PAYMENT BY CASH ONLY

THIS COPY TO BE FORWARDED BY BANK

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO
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