



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)