



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



For office use only	
PGIM Roll No.	
Exam Index No	

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**APPLICATION FOR THE CATEGORY 2 APPLICANTS TO THE
MASTER IN MEDICAL TOXICOLOGY AND
POSTGRADUATE DIPLOMA IN MEDICAL TOXICOLOGY**

(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"/> Non-State Applicant |
| <input type="checkbox"/> University Applicant | <input type="checkbox"/> Armed Forces Applicant |
| <input type="checkbox"/> Foreign National Applicant | |

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

Size (2" x 1.5")

PART A

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

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

3. (a) Date of Birth : (d) Sex :
- (b) Age at closing date of application : (e) Marital Status :
- (c) National Identity Card No : (f) Issued Date :
- (g) 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. SLMC Registration Number and the Date of Registration with Sri Lanka Medical Council:
(Equivalent registration details for foreign candidates)

Number: Date :

7. Particulars pertaining to other Postgraduate qualifications, 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>
.....
.....

8. 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 :.....

9. 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 :.....

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

<u>Amount (Rs./US\$)</u>	<u>Date of payment</u>	<u>Branch of Bank</u>
.....

For the use of foreign applicants:

The fee for applying to the course is \$ 50 (US Dollars) and the relevant payment instructions are in Part D of this form. Course fees are **NOT to be paid** unless you are offered and accept enrolment.

Total course fees for MSc Medical Toxicology is:

Trainees from SAARC countries \$3500 (US Dollars)
Trainees from non-SAARC countries \$7500 (US Dollars)

11. 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/or equivalent body
- (b) Certified copies of certificates pertaining to postgraduate qualifications obtained
- (c) Certified copy of the MBBS/BDS degree (Basic medical/dental degree)
- (e) Online payment receipt for the total fees paid
- (f) Curriculum vitae

NOTE:

- 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 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 enrollments and 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 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 :