

POSTGRADUATE INSTITUTE OF MEDICINE

UNIVERSITY OF COLOMBO

APPLICATION FOR REGISTRATION/ENROLMENT FOR THE COURSE/IN SERVICE TRAINING PROGRAMME LEADING TO THE DEGREE OF MD/MS/DIPLOMA IN

- (1) Name in full (in Block letters) :
- (2) Surname (in Block letters) :
- (3) Date of Birth :
- (4) Sex :
- (5) Marital Status :
- (6) Address (a) Official :
- Tel No :
- (b) Permanent :
- Tel No :

- (7) Particulars of first Medical/Dental Degree
 - (1) University :
 - (2) Date of Graduation :

	<u>Date of Completion</u>	<u>Class</u>	<u>Distinctions</u>	<u>Prizes</u>	<u>Medals</u>
II nd MBBS
III rd MBBS – Part I
Part II
Final MBBS

(Please attach a certified copy of the Degree Certificate)

- (8) Details of first appointment (Internship)

<u>Title of Post</u>	<u>Dates of commencement & completion of Internship appointment</u>	<u>Hospital</u>
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- (9) If internship not done in Sri Lanka indicate
 - (A) Country in which it was done
 - (B) Appointments done and duration of intern appointments with documentary evidence :

<u>Title of Post</u>	<u>Dates of commencement & completion of Internship appointment</u>	<u>Hospital</u>
.....

- (10) Dates of completion of 1st post intern year indicating: Post(s) held and name of Hospital & the country:
(Please attach certified copies of relevant certificates)

(11) Particulars pertaining to registration with the Sri Lanka Council:

(1) Date of Registration:

(2) Number assigned by the SLMC:

(Please attach a certified copy of the certificate)

(12) Particulars pertaining to qualifications which you have already obtained from PGIM/Universities/Colleges:

PGIM/University/College	Degree/Diploma/Certificates	Date of passing the exam
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(13) Particulars of appointments held after registration (in chronological order)

Grade or Title or Post	Date when post began & ended	Hospital/University	Consultant
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(Attach separate sheet, if space in not sufficient)

(14) (a) Present post (Grade or title):

(b) Date of appointment..... Institution

(15) (a) Have you ever over stayed leave/been treated as vacated post/resigned from or left the government service?

(i) Date of leaving/resignation:

(ii) Date of re-joining/re-employment:

(b) Have you been issued with vacation of post notice and if so, please indicate date of such Vacation of Post :

(16) Do you possess any valid registration in respect of a full-time/part-time course of study/training programme in the PGIM/University of Colombo/any other Institution (University or otherwise in Sri Lanka or abroad):

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I do hereby certify that the particulars furnished by me in this application are correct. In the event of my application for registration being accepted, I shall abide by all the regulations governing the course/training programme of the Institute. Further, I am aware as depicted in the PGIM Prospectus 'request for change of course of study will be allowed only after two years from the date of such request' and also that "requests for enrolment in a postgraduate training programme in another speciality will be allowed only after a period of two years of service from the date of completion of the previous training programme. (Section 6.5 and 6.6 of the Hand Book and Prospectus - 1992)"

I am also aware that according to the PGIM rules I will not be permitted to follow a second full time PGIM course until 2 years have elapsed from the date of completion of any full time PGIM

course I have followed prior to making this application.

I am also aware and agree that the Institution reserves the right of cancel my registration at any time in the event that all necessary conditions laid down by the Board of Management are not fulfilled.

Date :

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Signature of applicant

Director/PGIM,

Forwarded the application submitted by This Medical Officer could be released if selected to follow the above course of study.

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Signature

Date :

Name:

Designation: