



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



For office use only	
PGIM Roll No.	
Exam Index No	

PLEASE PASTE YOUR  
PHOTO HERE

**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) Bank receipt (**Depositor's copy**) 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 : .....

**Payment instructions for local candidates:**

Local candidates who are applying as category 2 applicants should make use of the attached payment vouchers. The applicable fee would be the application fee and the registration fee as stated in the relevant circular.

**Payment instructions for foreign candidates:**

Foreign candidates who are applying as category 2 applicants should make use of the following details when performing the bank transfer. The applicable fee would be the application fee and the registration fee as stated in the relevant circular.

The bank transfer receipt should be sent along with the application both via post/courier and email.

Bank name: Bank of Ceylon.  
Account name: Postgraduate Institute of Medicine, University of Colombo.  
Account number: 192278  
SWIFT code: BCEYLKLX  
Branch : Borella Super grade Branch.  
Branch code: 038  
Comments/special instructions: Application and registration fee for the Master of Toxicology program

PAYMENT BY CASH ONLY

THIS COPY FOR DEPOSITOR

POSTGRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO  
No. 160, Norris Canal Road, 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.

Examination Registration fee (state name of Exam) .....		
Examination fee (state name of Exam) .....		
Application Fee State Sector ( Delete Appropriately)		00
Private Sector		00
Other payments (state purpose) ..... .....		
<b>Total</b>		

(Note: All fees will be 50% more and needs to be added to stated fees in the case of private sector applicant)

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  
No. 160, Norris Canal Road, Colombo 7.

BANK OF CEYLON ..... Branch Please  
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Borella.

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(Candidate' Name ) : .....

.....

Address : .....

.....

Rs. Cts.

Examination Registration fee (state name of Exam) .....		
Examination fee (state name of Exam) .....		
Application Fee State Sector ( Delete Appropriately)		00
Private Sector		00
Other payments (state purpose) ..... .....		
<b>Total</b>		

(Note: All fees will be 50% more and needs to be added to stated fees in the case of private sector applicant)

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



This Copy is to be submitted in the case of reimbursement of examination fee.

PAYMENT BY CASH ONLY

DEPOSITORS COPY

POSTGRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO  
No. 160, Norris Canal Road, 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's Name) : .....

.....

Address : .....

.....

Rs. Cts.

Registration fee (state name of Exam) .....		
Examination fee (state name of Exam) .....		
Application Fee		
Other payments (state purpose) .....		
<b>Total</b>		

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