University ofLanka

**Please be kind enough to fill this form and forward the same to the Director/PGIM via** [**director@pgim.cmb.ac.lk**](mailto:director@pgim.cmb.ac.lk)**. For more information, please contact the overseas training unit of the PGIM via email** [**pgimint@pgim.cmb.ac.lk**](mailto:pgimint@pgim.cmb.ac.lk) **or call Assistant Registrar Overseas Training on +94 11 2696258.**

**PART 1**

Name of the trainer Click here to enter text.

Designation Click here to enter text.

Primary institution/unit name Click here to enter text.

Address Click here to enter text.

City Click here to enter text.

Postal code Click here to enter text.

Country Click here to enter text.

Phone Click here to enter text.

Fax Click here to enter text.

Website Click here to enter text.

Email Click here to enter text.

**PART 2**

Please state the services offered by your institution/unit:

Click here to enter text.

Please indicate the different roles/tasks a trainee would be able to undertake at your institution/unit during an attachment (e.g., clinical work, laboratory work, observerships, teaching, research, managerial/administrative work or any other roles/tasks relevant to the trainee’s specialty)

Click here to enter text.

Is your institution/unit accredited by a national/international body as a training centre for postgraduate medical education in this field?



If yes, please state the accreditation body.

**PART 3**

Please state the resources available at your institution/unit, which would be accessible to a trainee during a period of attachment (e.g., library resources, simulators, high end laboratory equipment, IT facilities, etc.).

Click here to enter text.

Report submitted by: Click here to enter text.

Date: Click here to enter text.