

## 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)



Applicant University Applicant

Ministry of Health

Armed Forces Applicant

Non-State Applicant



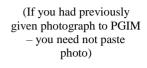
Foreign National Applicant

# PART A

4.

| 1. | (a)        | Program applied for                                   | :                                     |   |
|----|------------|---|---------------------------------------|---|
|    | (b)        | Month & Year  | :                                     |   |
| 2. | (a)        | Full Name<br>(as in the SLMC or equiv                 | :<br>valent registration certificate) |   |
|    | (b)        | Names with initials<br>(In Block letters)             | :                                     |   |
| 3. | (b)<br>(c) | Age at closing date of ap<br>National Identity Card N | plication :<br>o :                    | <ul> <li>(d) Sex :</li> <li>(e) Marital Status :</li> <li>(f) Issued Date :</li> <li>(h) Nationality :</li> </ul> |

| (a) Preferred Postal address :        |  |
|---------------------------------------|--|
| (b) Permanent Home address :          |  |
| (c) Contact Nos. (Office) :<br>Email: |  |



Size ( 2" x 1.5")

#### 5. Particulars of First Medical/Dental Degree :

| (a) Degree :             | (c) University : |
|--------------------------|------------------|
| (b) Date of Graduation : | (d) Country :    |

Date :

\* (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: |
|---------|
|---------|

7. Particulars pertaining to other Postgraduate qualifications, that you have already obtained from PGIM/Universities/Colleges (local/foreign):

| PGIM/University/College | Degree/Diploma/Certificate | Date of the qualification |
|-------------------------|----------------------------|---------------------------|
|                         |                            |                           |
|                         | ••••••                     |                           |

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. Details of fees paid (Application and Registration) :

| Amount (Rs./US\$) | Date of payment | Online Receipt No: |
|-------------------|-----------------|--------------------|
|                   |                 |                    |

#### Information related to applicable fees

The fee for applying to the course is \$ 50 (US Dollars) (This includes the application & registration fee). All payments should be made via the PGIM online payment portal. Course fees are **NOT to be paid** unless you are offered and accept enrolment.

#### **Relevant Course Fee**

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)                     |  |
| (d) | Online Payment Receipt  |  |
| (e) | Curriculum vitae  |  |
| (f) | Covering letter showing relevance of this course to the applicant's current position    |  |
| (g) | Letter of support from the applicant's current employer or academic supervisor          |  |

## 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 enrolments 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