**POSTGRADUATE INSTITUTE OF MEDICINE**

**UNIVERSITY OF COLOMBO, SRI LANKA**

|  |  |
| --- | --- |
| For office use only | |
| PGIM Roll No. | PGIM Roll No. |
| Exam Index No | Exam Index No. |

|  |  |
| --- | --- |
| **APPLICATION FOR REGISTRATION TO SIT EXAMINATIONS**  (To be completed for every exam needing registration)  (You are advised to read carefully the instructions given in the last page before filling this form)  Insert your photo here (2”x1.5”) |  |

**Enter Your Present Employer:** Click here to select from the given list.

**PART A**

1. (a) Examination applied for: Enter Examination applied for.

(b) Month & Year : Month/Year

2. (a) Full Name : Enter Full Name.

*(as in the SLMC*

*registration certificate*)

(b) Names with initials : Enter Name with initials.

(In Block letters)

3. (a) Date of Birth : yyyy-dd-mm. (b)Age at closing date of application :Age

(c) NIC No. :National Identity Card No. (d) Issued Date : yyyy-mm-dd

(e) Sex :Choose an item. (f) Marital Status : Marital Status.

(g) Country of Residence: Country. (h) Nationality : Nationality

4. (a) Preferred Postal address :Enter Postal Address.

*(For the purpose of mailing letters)*

(b) Permanent Home address :Enter Home Address.

(c) Contact Nos. (Office) : Contact No. (Residence) : Contact No.

(d) Email: Email Address. Mobile : Mobile No.

5. Particulars of First Medical/Dental Degree:

(a) Degree : Choose an item. (b) Date of Graduation: yyyy-mm-dd

(c) University : University. (d) Country : Country.

*\* (Attach evidence to prove your qualifications)*

6. Details of Internship. (Applicable only to MBBS Graduates)

|  |  |
| --- | --- |
| Appointment (1st ) | Appointment (2nd ) |
| Post/Grade. | Post/Grade. |
| From date. | From date. |
| To date. | To date. |
| Hospital. | Hospital. |

(Please attach a copy of the Internship Certificate for Selection Examinations/Part – I/Screening

Exams).

If attached please Select “Yes”. Select Yes/No.

7. SLMC Registration Number and the Date of Registration with Sri Lanka Medical Council:

SLMC Number: SLMC Number. Date of Registration: yyyy-mm-dd

8. Details of appointments held after registration (Post Internship) in chronological order:

(*Please use the separate sheet given in the last page*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Appointment (post/grade) | Period | | Hospital | Name of the Consultants  and Speciality |
| From | To |  |
|  |  |  |  |  |

\* (please attach a copy of the appointment letter)

9. Details of leave (Maternity/Vacation/other) taken during the period of Internship/Post Internship period :

(a) Internship -

**Type of leave From To**

Maternity yyyy-mm-dd. yyyy-mm-dd.

Vacation yyyy-mm-dd. yyyy-mm-dd.

Other yyyy-mm-dd. yyyy-mm-dd.

(b) Post Internship -

**Type of leave From To**

Maternity yyyy-mm-dd. yyyy-mm-dd.

Vacation yyyy-mm-dd. yyyy-mm-dd.

Other yyyy-mm-dd. yyyy-mm-dd.

10. (a) Present Post & Grade : Enter present post/grade.

(b) Date of Appointment : yyyy-mm-dd.

(c) Hospital / Station : Hospital/Station.

(d) Name of the Consultant : Enter Name here.

(e) Speciality of the Consultant : Enter Speciality.

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

PGIM/University/College Degree/Diploma/Certificate Date of the qualification

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | yyyy-mm-dd. |
| Click or tap here to enter text. | Click or tap here to enter text. | yyyy-mm-dd. |

12. 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:

|  |  |  |  |
| --- | --- | --- | --- |
| Course/Exam | Date of registration | Date of leaving | Reason for not completing |
| Course/Exam | yyyy-mm-dd. | yyyy-mm-dd. | Reason. |
| Course/Exam | yyyy-mm-dd. | yyyy-mm-dd. | Reason |
| Course/Exam | yyyy-mm-dd. | yyyy-mm-dd. | Reason |

13. Details pertaining to courses/training programme/if any, for which you are currently enrolled in the PGIM /other Institute :

1) Name of Study programme : Click or tap here to enter text.

2) Date of registration : yyyy-mm-dd.

14. Have you previously sat the examination for which you apply now? Select Yes/No.

If ‘Yes’ State:

1. Total number of previous attempts :No of attempts.

(Please use the separate sheet given in the last page)

|  |  |  |  |
| --- | --- | --- | --- |
| Attempt | Date of Examination | Index No. | Results |
| First | Month/Year | Index No | Choose an item. |
| Last | Month/Year | Index No | Choose an item. |

15. Details of Overseas Training (If any):

(a) Date of enrolment: yyyy-mm-dd. (b) Duration: Duration. (c) Speciality:Enter Speciality.

(d) Whether on an Award or on no-pay/full pay leave (give details and the period of leave

Granted): Choose Sponsor Type. Period of Leave granted.

(e) Date of resumption of duties in the Ministry / University/Private Sector : yyyy-mm-dd.

16. (a) Have you ever over stayed leave/resigned from or left the government service? Select Yes/No.

If ‘yes’ give details :

i) Date of leaving/resignation : yyyy-mm-dd.

ii) Date of rejoining/re-employment : yyyy-mm-dd.

1. Have you been issued with vacation of post notice? Select Yes/No.

If ‘Yes’ give details :

i) Date of such vacation of post : yyyy-mm-dd.

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

|  |  |  |
| --- | --- | --- |
| Amount (Rs./US$) | Date of payment | Bank Name |
| Enter Amount. | yyyy-mm-dd. | Enter Bank. |

If online payment, Transaction ID : Transaction ID.

18. Details pertaining to the documents annexed / in support of this application.

(Please mark ‘√’ in the relevant cage) :

(a) Certified copy of the Certificate of full Registration with the SLMC :

(b) Certified copies of certificates pertaining to appointments held and :

postgraduate qualifications obtained/Log book/portfolio/Appointment card

(c) Certified copy of the MBBS/BDS degree :

(d) Case Book :

(e) Online payment Receipt :

(f) Certificate of Advanced Life Support (Sele. Exam in MD Medicine) :

(g) Certificate of Professionalism & Ethics in Medical Practice Strand :

(For all MD Examinations)

**Notes**:-

**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 required 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 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 : yyyy-mm-dd.  Insert your signature here (1”x1.5”) |  |

**Additional Data**

Details Sheet reference above

8. Details of appointments held after registration (Post Internship) in chronological order:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Appointment (post/grade) | Period | | Hospital | Name of the Consultants  and Speciality |
| From | To |  |
| Appointment. | yyyy-mm-dd. | yyyy-mm-dd. | Hospital | Enter here. |
| Appointment. | yyyy-mm-dd. | yyyy-mm-dd. | Hospital | Enter here. |
| Appointment. | yyyy-mm-dd. | yyyy-mm-dd. | Hospital | Enter here. |
| Appointment. | yyyy-mm-dd. | yyyy-mm-dd. | Hospital | Enter here. |
| Appointment. | yyyy-mm-dd. | yyyy-mm-dd. | Hospital | Enter here. |
| Appointment. | yyyy-mm-dd. | yyyy-mm-dd. | Hospital | Enter here. |
| Appointment. | yyyy-mm-dd. | yyyy-mm-dd. | Hospital | Enter here. |

Details sheet Reference above

14 (a) Details of previous attempts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Attempt | Date of Examination | Index No. | Results | Remarks |
| 1st | Month/Year | Index No | Choose an item. | Remarks. |
| 2nd | Month/Year | Index No | Choose an item. | Remarks. |
| 3rd | Month/Year | Index No | Choose an item. | Remarks. |
| 4th | Month/Year | Index No | Choose an item. | Remarks. |
| 5th | Month/Year | Index No | Choose an item. | Remarks. |
| 6th | Month/Year | Index No | Choose an item. | Remarks. |
| 7th | Month/Year | Index No | Choose an item. | Remarks. |
| 8th | Month/Year | Index No | Choose an item. | Remarks. |
| 9th | Month/Year | Index No | Choose an item. | Remarks. |
| 10th | Month/Year | Index No | Choose an item. | Remarks. |
| 11th | Month/Year | Index No | Choose an item. | Remarks. |
| 12th | Month/Year | Index No | Choose an item. | Remarks. |
| 13th | Month/Year | Index No | Choose an item. | Remarks. |
| 14th | Month/Year | Index No | Choose an item. | Remarks. |
| 15th | Month/Year | Index No | Choose an item. | Remarks. |

**PART B**

Recommendation of application by the Consultant / Head of the Institute

To; Director General of Health Services

I certify that the details given above by the candidate are true and accurate. In the event that the candidate is selected for training by the Postgraduate Institute of Medicine, he/she **can be released for such training.**

|  |  |
| --- | --- |
| Name of the Supervising Consultant  *(only if applicable)*  Enter name here. |  |
| Date : yyyy-mm-dd. |
| Designation: Designation. |
| **Official Stamp:** |  |

|  |  |
| --- | --- |
| Name of the Head of the Institution  Enter name here. |  |
| Date : yyyy-mm-dd. |
| Designation: Designation. |
| **Official Stamp:** |  |

|  |
| --- |
| **NOT RELEVANT FOR MD(PART II) EXAMINATIONS AND PRIVATE SECTOR CANDIDATES** |

**PART C**

**Approval of application by the Director General of Health Services**

To; Director,

Postgraduate Institute of Medicine

I certify that the details given above by the candidate are true and accurate. **I approve this application for the relevant examination.** In the event that the candidate is selected for training by the Postgraduate Institute of Medicine, he/she **can be released for such training.**

|  |  |
| --- | --- |
| Date : yyyy-mm-dd. |  |
| \*Official Stamp of the DGHS or his delegated authority |  |

\*Note :- Instead of the Director General of Health Services, authority is delegated to the head of the line ministry institutions or the Regional Director of Health Services (RDHS) to recommend and forwarded the application to the Director/PGIM.

**PART D**

**(To be filled by the Academic Branch, Postgraduate Institute of Medicine)**

Dr. Enter name has paid / not paid all course fees to the PGIM.

Date : yyyy-mm-dd.

|  |  |
| --- | --- |
| Enter name here. |  |

Staff Officer’s Name Signature of DR/AR