

Postgraduate Institute of Medicine

No. 160, Norris Canal Road, Colombo 07

Reimbursement of Examination fees paid to PGIM from the
Ministry of Health

This document will be kept in the PGIM **only for a period of 6 months**

A. (For the use of the candidate only on the 1st attempt) – Please hand over the duly filled form to the respective division of the PGIM.

Name of the candidate: Index No. if any)

Examination:

Payments: (a) Registration fee - Rs.....

(b) Examination fee (Year) - Rs.....

Date:

Signature of the candidate

NB: Please annex copy of paying-in-voucher as proof of the payment.

B. (For the use of Examinations Division/PGIM)

Certification: This is to certify that the above payment/s has/have been made by the candidate for

.....

.....

Signature of the Subject Clerk (Staff No :.....)

.....

SAR/AR/Examinations

Date:/...../.....

Date Stamp

C. (For the use of Accounts Division/PGIM)

Verification: This is to certify that the above mentioned payment is reflected in our accounts as income

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Checked by Subject Clerk (Accounts Division)

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Authorized by: Deputy Bursar/Asst. Bursar

Date:/...../.....

Date Stamp

D. Director General of Health Services/MOH

This is to certify that Dr. a candidate for

..... examination has paid

Rs..... to the PGIM as Examination fee. Please make necessary arrangements to reimburse

Rs..... to this doctor.

Professor Senaka Rajapakse

Director/PGIM

University of Colombo

Date:/...../.....

Date Stamp