

Postgraduate Institute of Medicine

No. 160, Prof. Nandadasa Kodagoda Mawatha, 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 1<sup>st</sup> 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 :.....)

Date Stamp

.....  
SAR/AR/Examinations

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

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

.....

Checked by Subject Clerk (Accounts Division)

Date Stamp

.....

Authorized by: Deputy Bursar/Asst. Bursar

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

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.

Date Stamp

Professor Senaka Rajapakse

Director/PGIM

University of Colombo

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