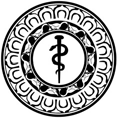
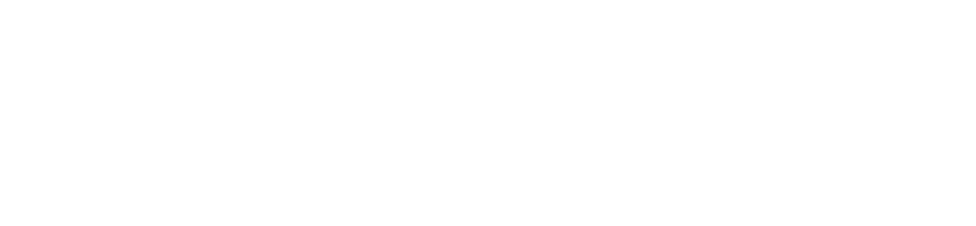
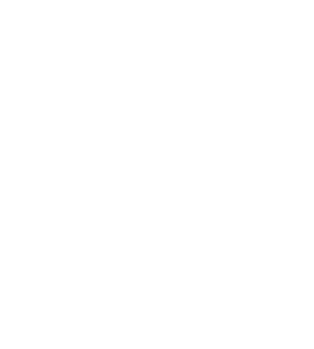
**POSTGRADUATEINSTITUTEOFMEDICINE**



**UNIVERSITY OF COLOMBO, SRI LANKA**

For office use only

PGIM Roll No. ExamIndexNo



PLEASE PASTE YOUR PHOTO HERE

**APPLICATION FOR THE MSC IN MEDICAL TOXICOLOGY PART I AND PART II**

**This application is only for Foreign National Applicants**

(You are advised to read carefully the instructions given in the last page before filling this form)

(If you had previously given photograph to PGIM

– you need not paste

photo)

Size ( 2” x 1.5”)

**PART A**

1. (a) Examination applied for : Choose an item.

(b) Month & Year :Click here to enter a date.

2. (a) Full Name : Click here to enter text.

*(as in the SLMC or equivalent registration certificate*)

(b) Names with initials :Click here to enter text.

3. (a) Date of Birth : Click here to enter a date.

(b) Age at closing date of application : Click or tap here to enter text.

(c) National Identity Card No : Click here to enter text.

(d) Issued Date : Click here to enter a date.

(e) Sex : Choose an item.

(f) Marital Status : Click here to enter text.

(g) Country of Residence : Click here to enter text.

(h) Nationality : Click here to enter text.

4. (a) Preferred Postaladdress : Click here to enter text.

*(***For the purpose of mailing letters***)*

(b) Permanent Home address: Click here to enter text.

(c) Contact Nos. (Office) : Click here to enter text. (Residence) Click here to enter text.

Email: Click here to enter text. Mobile Click here to enter text.

5. Particulars of First Medical Degree :

(a) Degree : Click here to enter text.

(c) University : Click here to enter text.

(b) Date of Graduation : Click here to enter a date..

(d) Country :Click here to enter text.

*\*(Attachevidencetoproveyourqualifications)*

6. Registration Number in the relevant Medical Council and the Date of Registration:

Number: Click here to enter text. Date :Click here to enter a date.

7. Particulars pertaining to other Postgraduate qualifications, that you have already obtained from

PGIM/Universities/Colleges (local/foreign):

PGIM/University/CollegeDegree/Diploma/CertificateDate of the qualification

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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 : Click here to enter text.

(b) Date of registration :Click here to enter a date.

(c) Date of leaving course/programme :Click here to enter a date.

(d) Reason for not completing :Click here to enter text.

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 : Click here to enter text.

2) Date of registration :Click here to enter a date.

11. Details pertaining to the documents annexed / in support of this application (Please mark ‘X’ in the

relevant cage) :

Note: If these details have already been provided there is no need to fill them in again

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

Relevant Medical Council applicable to you

(b) Certified copies of certificates pertaining to postgraduate

qualifications obtained

(c) Certified copy of the MBBS (Basic Medical Degree)

**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:Click here to enter a date. ……………………………

Signature of Applicant