**(PGIM trainees who have withdrawn from MD training programmes within**

**1 January 2019 – 31 December 2020)**

**PART – A**

**PERSONAL DETAILS**

* Name : Click or tap here to enter text.
* Gender : Male  Female
* NIC No : Click or tap here to enter text.
* SLMC No : Click or tap here to enter text.
* Email address : Click or tap here to enter text.
* Contact No : Click or tap here to enter text.

**PART - B**

**DETAILS OF THE TRAINING PROGRAMME**

* Name of the training programme : Click or tap here to enter text.
* Date of the commencement of training: Click or tap here to enter text.
* Last stage of training : Choose an item.
* Last examination passed : Choose an item.
* Duration of training completed : Click or tap here to enter text.
* Date of leaving the training programme: Click or tap here to enter text.
* At the point of leaving,
* Attached Hospital/Institute and unit : Click or tap here to enter text.
* Trainer : Click or tap here to enter text.

**PART – C**

**DETAILS OF PRESENT EMPLOYMENT**

* Present employer : Click or tap here to enter text.
* Present Post & grade : Click or tap here to enter text.
* Date of appointment to the present Post : Click or tap here to enter text.

Contd….2/-

**PART -D**

**RECOMMENDATION OF THE PRESENT EMPLOYER**

I certify that Dr Click or tap here to enter text. Can be released to re enter the training programme.

* **Supervisory Consultant (only if applicable)**
* Name : Click or tap here to enter text.
* Designation :Click or tap here to enter text.
* Signature:
* Date :Click or tap here to enter text.
* **Head of the Institution**
* Name : Click or tap here to enter text.
* Designation : Click or tap here to enter text.
* Signature :
* Date : Click or tap here to enter text.
* **DGHS or his delegated authority**

**……………………………………………… …………………………….**

Signature/ official stamp Date