



**POSTGRADUATE INSTITUTE OF MEDICINE**  
**UNIVERSITY OF COLOMBO, SRI LANKA**



**APPLICATION FOR ENROLMENT TO THE MD MEDICAL ADMINISTRATION**  
**PART I TRAINING PROGRAMME**

**PART A**

1. (a) Full Name : .....

(b) Names with initials : .....  
(In Block letters)

2. (a) Date of Birth : ..... (e) Sex : .....

(b) Age at closing date of application : ..... (f) Marital Status : .....

(c) National Identity Card No : ..... (g) Issued Date : .....

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

3. a) Preferred Postal address :.....  
.....

b) Permanent Home address :.....  
.....

c) Contact Nos. (Office) : ..... (Residence) .....  
(Mobile) .....

d) Email: .....

5. Particulars of First Medical/Dental Degree :

(a) Degree : .....(c) University : .....

(b) Date of Graduation : .....(d) Country: .....

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

	<u>Appointment</u>	<u>Period</u>		<u>Hospital</u>
	<u>(post/grade)</u>	<u>From</u>	<u>To</u>	
(a)	.....	.....	.....	.....
(b)	.....	.....	.....	.....

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

Number:

Date :          
D D M M Y Y Y Y

8. (a) Present Post & Grade : .....
- (b) Date of Appointment : .....
- (c) Hospital / Station : .....
- (d) Name of the Consultant & Speciality: .....

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

<u>PGIM/University/College</u>	<u>Degree/Diploma/Certificate</u>	<u>Date of the qualification</u>
.....	.....	.....
.....	.....	.....

10. 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 : .....
- (b) Date of registration : .....
- (c) Date of leaving course/programme : .....
- (d) Reason for not completing : .....

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

- 1) Name of Study programme : .....
- 2) Date of registration : .....

12. (a) Have you ever over stayed leave/resigned from or left the government service? Yes / No  
 If 'yes' give details :

- i) Date of leaving/resignation : .....
- ii) Date of rejoining/re-employment : .....

(b) Have you been issued with vacation of post notice? Yes/No If 'Yes' give details :

- i) Date of such vacation of post : .....

13. Details pertaining to the document/s annexed in support of this application (Please mark 'X' in the relevant cage) :

- (a) a letter from the **Secretary. Ministry of Health** or **DGHS** to confirm that the applicant will be released to the PGIM for a minimum period of 3 months on full time basis

**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.**
- 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 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 course registration.

Date: .....

.....  
Signature of Applicant

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**PART B**

**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 training programme.** In the event that the candidate is selected for training by the Postgraduate Institute of Medicine, he/she **can be released for such training.**

Signature: .....

Date: .....

Official Stamp of the DGHS :