**POSTGRADUATE INSTITUTE OF MEDICINE**

**UNIVERSITY OF COLOMBO**

APPLICATION FOR REGISTRATION/ENROLMENT FOR THE COURSE/IN SERVICE TRAINING PROGRAMME LEADING TO THE DEGREE OF MD/MSC/DIPLOMA IN ………………………………..

**PART - A**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name in full (in Block letters) | : |  |
|  | Surname (in Block letters) | : |  |
|  | Date of Birth | : |  |
|  | Sex | : |  |
|  | Marital Status | : |  |
|  | Address (a) Official | : |  |
|  | Tel No | : |  |
|  |  (b) Permanent | : |  |
|  | Tel No | : |  |
|  | Particulars of first Medical/Dental Degree |
|  | (1) University | : |  |
|  | (2) Date of Graduation | : |  |
|  |  | Date of Completion |  | Class |  | Distinctions |  | Prizes |  | Medals |
|  | IInd  MBBS |  |  |  |  |  |  |  |  |  |
|  | IIIrd MBBS – Part I |  |  |  |  |  |  |  |  |  |
|  |  Part II |  |  |  |  |  |  |  |  |  |
|  | Final MBBS |  |  |  |  |  |  |  |  |  |
| (Please attach a certified copy of the Degree Certificate) |
|  | Details of first appointment (Internship) |
|  | Title of Post |  | Dates of commencement & completion of Internship appointment |  | Hospital |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | If internship not done in Sri Lanka indicate  |
|  | 1. Country is which it was done
 |
|  | 1. Appointments done and duration of intern appointments with documentary evidence :
 |
|  | Title of Post |  | Dates of commencement & completion of Internship appointment |  | Hospital |
|  |  |  |  |  |
|  |  |  |  |  |  |

1. Dates of completion of 1st post intern year indicating: Post(s) held and name of Hospital & the country: …………………………………………………………………………….

(Please attach certified copies of relevant certificates)

1. Particulars pertaining to registration with the Sri Lanka Council:
2. Date of Registration: …………………………………………………………………………..
3. Number assigned by the SLMC: …………………………………………………………

(Please attach a certified copy of the certificate)

1. Particulars pertaining to qualifications which you have already obtained from PGIM/Universities/Colleges:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PGIM/University/College |  | Degree/Diploma/Certificates |  | Date of passing the exam |
|  |  |  |
|  |  |  |  |  |

1. Particulars of appointments held after registration (in chronological order)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Grade or Title or Post |  | Date when post began & ended |  | Hospital/University |  | Consultant |
|  |  |  |  |  |
|  |  |  |  |  |  |  |

(Attach separate sheet, if space in not sufficient)

1. (a) Present post (Grade or title): …………………………………………………………

(b) Date of appointment…………………………………… Institution …………………………………

1. (a) Have you ever over stayed leave/been treated as vacated post/resigned from or left the government service?
2. Date of leaving/resignation: …………………………………………………………
3. Date of re-joining/re-employment: …………………………………………………………

(b) Have you been issued with vacation of post notice and if so, please indicate date of such Vacation of Post : …………………………………………………………

1. Do you possess any valid registration in respect of a full-time/part-time course of study/training programme in the PGIM/University of Colombo/any other Institution (University or otherwise in Sri Lanka or abroad): …………………………………………………………………………………………………………………… ……………………………………………………………………………………………………………………

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/Specialty Board, 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

**PART B**

**Approval of application by the Head of the department.**

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