

**APPLICATION FORM FOR PRIVILEGES OF BOARD CERTIFICATION**  
**AYURVEDA/UNANI/ SIDDHA MEDICINE**

- Ministry of Health Applicant
- University Applicant

1. (a) Full name .....  
 (as in the SLAMC .....  
 registration certification)

(b) Names with initials .....  
 (In Block Letters)

2. (a) Date of Birth ..... (d) Sex.....  
 (b) Age at closing date of application.....  
 (c) National Identity Card No..... (f) Issued Date.....

3. Contact phone number(Office):..... (Residence).....  
 Email address..... Mobile.....

4. Particulars of Ayurveda/Unani/Siddha Undergraduate Degree:

(a) Degree: .....

(c) University: .....

(b) Date of Graduation: ....

*\* (Attach a certified copy of the degree certificate)*

7. Details of Internship:

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

8. Sri Lanka Ayurveda Medical Council Registration Number and the Date of Registration:

Number:

Date:

D D M M Y Y Y Y

9. Particulars pertaining to the Postgraduate qualifications:

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

\* (Attach a certified copy of the degree certificate)

10. Details of Overseas Training (If relevant): .....

- (a) Date of enrolment: ..... (b) Duration: .....
- (c) Speciality: .....

11. Details of appointments held after obtaining MD/MS:

<u>Appointment (Post/grade)</u>	<u>Period</u> <u>From</u> <u>To</u>	<u>Hospital</u>	<u>Name of the Specialist and Speciality</u>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

\* (please attach a copy of the appointment letter)

10. Details of leave (Maternity/Vacation/Other) taken during the period after obtaining MD/MS:

<u>Type of leave</u>	<u>From</u>	<u>To</u>
Maternity	.....	.....
Vacation	.....	.....
Other	.....	.....

12. Particulars pertaining to the other Postgraduate qualifications:

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

13. Have you been issued with vacation of post notice? Yes/No If 'Yes' give details:

Date of such vacation of post: .....

14. (a) Present Post & Grade :

(b) Date of Appointment :

(c) Hospital / Station :

(d) Name of the Speciality & Specialist (If relevant): .....

15. Total fees paid for this you are applying:

<u>Amount (Rs)</u>	<u>Date of payment</u>	<u>Details of Cheque</u>
.....	.....	.....

16. **Name of the speciality in Ayurveda/Unani/Siddha to which you wish to obtain Privileges of Board Certification:**

.....

17. Details pertaining to the documents annexed / in support of the application (Please mark 'X' in

the relevant cage) :

- (a) Certified copy of the Certificate of full Registration with the SLAMC
- (b) Certified copy of the undergraduate degree
- (c) Certified copy of the postgraduate degree
- (d) Certified copies of certificates pertaining to appointments held after obtaining MD/MS
- (e) Payment receipt for the total fees paid

Application submitted without all the requested required information will be rejected.

I do hereby certify 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 of the Postgraduate Institute of Indigenous Medicine.

I am also aware, and I agree that the PGIIM has the right to cancel my Privileges of Board Certification”” at any time in the event that all conditions laid down by the Board of Management are not fulfilled and/or if any particulars furnished by me in this application are found to be incorrect or inaccurate.

Date: .....

.....

Signature of Applicant

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**PART B**

**Recommendation of application by the Head of the Institution**

I certify that the details given above by the candidate are true and accurate.

Name of the Head of the Institute/Hospital/University: .....

Name of the Institute/Hospital/University: .....

.....

.....

Date

Signature

**Official Stamp:**

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**PART C**

**(To be filled by the Academic Branch, Postgraduate Institute of Indigenous Medicine)**

Dr. ....has paid / not paid the fee to the PGIIM.

Name of SAR/AR: .....

Signature of SAR/AR: .....

Date: .....