



**POSTGRADUATE INSTITUTE OF INDIGENOUS MEDICINE
UNIVERSITY OF COLOMBO**
5th Floor, Ayurveda Teaching Hospital, Cotta Road, Borella

For office use only	
PGIIM Roll No	
Exam Index No	

**MD EXAMINATION APPLICATION FORM
AYURVEDA/UNANI/ SIDDHA MEDICINE
POSTGRADUATE INSTITUTE OF INDIGENOUS MEDICINE**

APPLICATION FOR REGISTRATION TO SIT EXAMINATIONS
(To be completed for every exam needing Registration)

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

- | | |
|---|---|
| <input type="checkbox"/> Ministry of Health Applicant | <input type="checkbox"/> Non-State Applicant |
| <input type="checkbox"/> University Applicant | <input type="checkbox"/> Armed Forces Applicant |

PLEASE PASTE YOUR PHOTO HERE
(If you had previously given photograph to PGIIM you need not paste photo)
Size (2" x 1.5")

- (a) Examination applied for.....
.....

(b) Month & Year
- (a) Full name
(as in the SLAMC registration certification)

(b) Names with initials
(In Block Letters)
- (a) Date of Birth (d) Sex.....

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

(c) National Identity Card No..... (f) Issued Date.....
- (a) Preferred Postal Address.....
(For the purpose of mailing letters).....

(b) Permanent Home Address:.....
- Contact phone number (Office):..... (Residence).....
Email address..... Mobile.....
- Particulars of Ayurveda/Unani/Siddha Undergraduate Degree:

(a) Degree:

(c) University:.....

(b) Date of Graduation:

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

7. Details of Internship:

	<u>Appointment</u>	<u>Period</u>		<u>Hospital</u>
	<u>(Post/grade)</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. Details of appointments held after registration (Post Internship) in chronological order:

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

10. Details of leave (Maternity/Vacation/Other) taken during the period of Internship/Post Internship period:

(a) Internship –

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

11. Particulars pertaining to other Postgraduate qualifications, if any, you have obtained:

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

12. Particulars regarding PGIIM training programmes/courses of study/PGIIM exams registered/applied for which you had been enrolled but were not completed or was rejected or failed (If relevant):

- (a) Name of Training programme/Course of Study :
- (b) Date of registration :
- (c) Date of leaving course/programme :
- (d) Reason for not completing :

13. Have you previously sat the MD Examination for which you apply now? Yes / No
If 'Yes' state:

(a) Total number of previous attempts with details (Please attach a separate sheet) :

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(b) Details of **first** attempt –

<u>Date of Examination</u>	<u>Index No.</u>	<u>Result</u>
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(c) Details of **last** attempt –

<u>Date of Examination</u>	<u>Index No.</u>	<u>Result</u>
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14. Details of Overseas Training (If relevant):

(a) Date of enrolment: (b) Duration:

(c) Speciality:

(d) Whether on an Award or on no-pay/full pay leave (give details and the period of leave Granted):

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

Date of such vacation of post:

16. Total fees paid for this examination you are applying:

<u>Amount (Rs)</u>	<u>Date of payment</u>	<u>Payment receipt No.</u>
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(Please attach the receipt - Depositor's copy)

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) Medical Certificates if relevant
- (c) Certified copy of the undergraduate degree
- (d) Payment receipt (**Depositor's copy**) for the total fees paid
- (e) Any other special requirement (as per the prospectus/circular)

Notes:

- i. The applicant should read and be familiar with the contents in the By-laws, relevant Prospectus, examination formats, rules and regulations of the PGIIM 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.
- ii. Application submitted without all the requested required 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 examinations of the Postgraduate Institute of Indigenous Medicine.

I am also aware, and I agree that the PGIIM 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 exam registration.

Date:

.....

Signature of Applicant

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PART B

PART B – I (Applicants of the Department of Ayurveda only.)

Recommendation of application by the Consultant/ Head of the Institute.

To; Commissioner of Ayurveda
Department of Ayurveda

I certify that the details given above by the candidate are true and accurate. In the event that the candidate is selected for training by the Postgraduate Institute of Indigenous Medicine, he/she **can be released for such training.**

Name of the Supervising Consultant <i>(Only if applicable)</i> Enter name here.	
Date: yyyy-mm-dd	
Designation:	
Official Stamp:	

Name of the Head of the Institution	
Date: yyyy-mm-dd	
Designation:	
Official Stamp:	

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PART B – II (University Applicants only.)

Recommendation of application by the Head of the Department/ Dean of the Faculty.

To; Vice Chancellor

I certify that the details given above by the candidate are true and accurate. In the event that the candidate is selected for training by the Postgraduate Institute of Indigenous Medicine, he/she **can be released for such training.**

Name of the Head of the Department <i>(Only if applicable)</i> Enter name here.	
Date: yyyy-mm-dd	
Designation:	
Official Stamp:	

Name of the Dean of the Faculty	
Date: yyyy-mm-dd	
Designation:	
Official Stamp:	

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PART C

PART C – I (Applicants of the Department of Ayurveda only.)

Approval of application by the Commissioner of Ayurveda/ Provincial Commissioner of Ayurveda

To; Director,
Postgraduate Institute of Indigenous Medicine

I certify that the details given above by the candidate are true and accurate. **I approve this application for the relevant examination.** In the event that the candidate is selected for training by the Postgraduate Institute of Indigenous Medicine, he/she **can be released for such training.**

Date: yyyy-mm-dd	
*Official Stamp of the Commissioner of Ayurveda/ Provincial Commissioner of Ayurveda or his/ her delegated authority	

PART C – II (University Applicants only.)

Approval of application by the Vice Chancellor.

To; Director,
Postgraduate Institute of Indigenous Medicine

I certify that the details given above by the candidate are true and accurate. **I approve this application for the relevant examination.** In the event that the candidate is selected for training by the Postgraduate Institute of Indigenous Medicine, he/she **can be released for such training.**

Date: yyyy-mm-dd	
*Official Stamp of the Vice Chancellor	

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PART D

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

Dr.has paid / not paid all fees to the PGIIM.

Name of SAR/AR:

Signature of SAR/AR:

Date: