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website )



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சுவசிரிபாய

SUWASIRIPAYA

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சுகாதார அமைச்சு  
Ministry of Health

எனது இல )  
My No. ) TCS(PGIM) M/2013

ඔබේ අංකය )  
உமது இல )  
Your No. : )

දිනය )  
திகதி ) 09.05.2013  
Date )

Director  
Postgraduate Institute of Medicine  
Colombo – 08

**Re: Application of Medical officers to follow Training Courses at the Postgraduate Institute of Medicine (PGIM)**

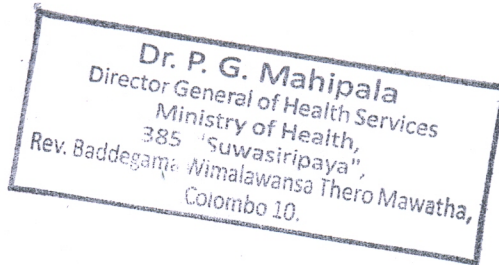
Please find below recommendations pertaining to above subject made following the discussion with the relevant stakeholders.

- 1) Recommendation of consultant mentioned under part B of application is not necessary.
- 2) Instead of the recommendation of the Director General of Health Services, authority is delegated to the head of the line ministry institutions or the Regional Director of Health Services (RDHS) where it is applicable to recommend and forward the application to the Director PGIM, that the application is recommended to proceed.
- 3) Copy of the application recommended by the above authorities along with a self declaration (as in the attached format) should be sent to DGHS by the applicant.
- 4) It is prudent to amend the application for registration formats accordingly to reflect the above changes.

**Please accept applications recommended and forwarded by the head of the institution and proceed enabling the applicant to sit for the examination.**

.....  
Dr. P.G. Mahipala  
Director General of Health Services

Copies:- All head of the institutions





## Declaration

I Dr..... (Full name) of ..... (Address) do here by truly and sincerely affirm and declare the following:-

1. I am the affirment above named
2. I affirm to the following from my personal knowledge
3. I attached to the ..... as ..... at present.

My working experiences are given below.

Intern	Hospital	Date From to
Post intern		

4. I further declare that the above particulars are true and accurate to the best of my knowledge and in case if it is found false before or after the selection or commencement of the course I am aware that my registration will be cancelled and I will not be allowed to continue the course and I will be surcharged the whole expenses incurred by the government in respect of this course and this.
5. I declare and promise that during the past period I was not released to any Msc or Diploma courses conducted by the PGIM.
6. I further declare that I will pay all dues before the release from the existing working institutions in case if I am selected.

.....

Before me

Read over Affirmed and  
 Declare at .....  
 on This .....day of  
 ..... 201



.....  
 Head of the Institution



To all:

Provincial Secretaries of Health Services,  
Provincial Directors of Health Services,  
Deputy Provincial Directors of Health Services,  
Directors of Teaching Hospitals,  
Heads of Decentralized Units,  
Specialized Campaigns and  
Heads of Institutions.

**Attachment of Medical Officers to follow Training Courses at the Post Graduate Institute of Medicine(PGIM)**

This is further to the General Circular no 01/6/99 dated 22/03/99 on the above captioned subject.

Please note that all the applicants who intend to apply for any of the courses as an initiation of post graduate studies at the PGIM should produce a declaration along with their application with the recommendation of the relevant head of the institution.

The copy of the application recommended and certified by the head of the institution along with the declaration should be sent to Director General Health Services and original application may be sent directly to the Postgraduate Institute of Medicine:

The declaration should be substantially in the form attached below. The rest of the content of the circular dated 22/03/99 shall be intact.



.....  
Dr. P.G. Maheepala  
Director General of Health Services

Dr. P. G. Mahipala  
Director General of Health Services  
Ministry of Health,  
385, "Suwasiripaya",  
Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10

CC: Director – Director/ Post Graduate Institute of Medicine