MEMBERSHIP ENROLMENT FORM
POSTGRADUATE INSTITUTE OF MEDICINE
THE LIBRARY - PGIM ACADEMIC CENTRE

☐ **New Membership** ☐ **Renewal Membership**

Name:……
(Surname first in block letters)

Present Working Station: …….

Designation: ……..……

Permanent Address: …… Tel: .....

…….……...

…….……...

E-mail Address: …… …….……

National ID No.: ……..…..……..

SLMC Registration No. & Date: ……

Only for PGIM Trainees

Course of Study: ……

Year of Enrolment: ……

PGIM Registration No. & Date: ……

PGIM E-mail Address: ……..…@pgim.cmb.ac.lk

I agree to be responsible for all items borrowed from the Library, and I understand that I am financially responsible for any item that is lost, not returned, or damaged while on loan to me. Further, I agree to comply with all current and future Library rules and policies.

e-Signature: …… Date: ……

For Library use only

Membership No.: …… Date of expiry: ……..……

Library fees: Rs.: …….. Responsible Officer: ……..

Librarian's Signature: ……

2026/08