



POSTGRADUATE INSTITUTE OF SCIENCE (PGIS)
UNIVERSITY OF PERADENIYA

Application for Admission to the M.Sc. Programme in

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For Office Use Only

FULL NAME: (Mr./Miss/Mrs./)
(Please write the surname in capitals)

MAILING ADDRESS:	Phone:
.....	Fax:
.....	E-mail:

HOME ADDRESS:	Phone:
.....	
.....	

DATE AND PLACE OF BIRTH:	CITIZENSHIP:
CIVIL STATUS:..... SEX (M/F):	NATIONAL ID NO.:

CURRENT EMPLOYMENT *(If applicable)*:

DESIGNATION & ADDRESS:

NATURE OF DUTIES PERFORMED:

YEARS OF SERVICE:

NAME & DESIGNATION OF EMPLOYER:

EDUCATIONAL QUALIFICATIONS *(including postgraduate qualification/experience)*:
Please attach photocopies of certificate/s.

University/Institute	Degree/Diploma etc.	Year	Class/grade

RESEARCH PUBLICATIONS (If any):
(If necessary attach a separate sheet)

REASONS FOR SELECTING THE ABOVE M.Sc. PROGRAMME	Yes	No
I am directly involved in this field		
I am generally interested in the subject		
The course might be helpful for my present employment		
The degree obtained could be used to further my higher education		
The programme might help me to obtain an employment in the field		

Other (specify)

MODE OF PAYMENT OF PROGRAMME FEE:
From personal funds / By employer / Other (Specify)

NAMES AND ADDRESSES OF TWO ACADEMIC REFEREES:
*Please arrange for reports to be sent before the deadline for receipt of completed applications, to: **Director, Postgraduate Institute of Science, P O Box 25, University of Peradeniya** (Relevant forms are annexed).*

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I declare that the particulars given above are correct to the best of my knowledge and that I am currently **NOT** following any other postgraduate programmes in the University of Peradeniya or any other University/Institute.

Date: _____ Signature of Applicant: _____

Note: Students enrolled for a postgraduate programme at the PGIS should not register and follow any other postgraduate programme at the PGIS/University of Peradeniya or any other university/institute in Sri Lanka or overseas, until he/she complete the degree or cancel registration.

AVAILABILITY OF STUDY LEAVE (applicable to those who are employed):
State whether you are entitled to study leave for the period specified.

RECOMMENDATION OF THE HEAD OF THE INSTITUTION:

If Mr./Miss/Mrs. _____ is selected for the above programme he/she would be/ not be released on full/part-time basis.

.....
Signature of Head of the Institution

Name: _____ Designation: _____

Date: _____ Official Stamp: