

## UNIVERSITY OF RUHUNA FACULTY OF GRADUATE STUDIES

## Application for Admission to the Master in Business Management (MBM) Degree Programme - 2021

Where space is insufficient, please include details on a separate sheet of paper and attach to this form.

1. PERSONAL DATA				
Name in Full:	Mr./Ms.			
(USE BLOCK				
CAPITALS)				
Name with initials	Initials:		Last Name:	
Gender				
Date of Birth	Day	Month		Year
Civil Status				
NIC No.				
Permanent Address				
Official Address				
Address for				
Communications				
E-mail Address				
Telephone	Home			
	Office			

2. ACADEMIC QUA	LIFICATION	S					
(Attach copies of cert	Period		nd original or Field	Degree/	GPA	Year	
msutution	Terrod	Iviaj	or ricia	Diploma	/Class	1 Cai	
				Dipionia			
		-			( if any)		
3. PROFESSIONAL	QUALIFICAT	rion:	S				
(Attach copies of cert	ificates. Do NO	OT sei	nd original	s)			
Institution	Period	Field of Study Qualification		1	Year		
4. WORK EXPERIE	NCF (Attach (	Sunno	rt documei	nts)			
Organization			Period		asponsibilitio	9	
Organization	Fosition	Position held		Duties and N	Duties and Responsibilities		

5. OTHER QU	ALIFICAT	TIONS	(if any)				
6. RESEARCH							
List research top	pics and nati	ure of t	the research	h activity	undertaken.		
7. PUBLICAT	IONS (if on	, <b>,</b> ,					
7. FUBLICAT		iy)					
8. ACADEMIC AND/OR PROFESSIONAL HONOURS OR AWARDS (if any)							
8. ACADEMIC	AND/OR	PROF	ESSIONA	AL HONG	JUKS OR A	WARDS (II	any)
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9. SELF ASSE						icate by 'X	(')
Proficiency	Very Go	ood	Goo	od	Fair		Weak
Reading							
Writing							
Conversation							
10. FINANCE							
Source of Finan	ce			Private	Sponsored	Other	Undecided
How do you pla	n to financia	al your	studies?				
If sponsored –by	whom?				·	•	
If other (please i	indicate)						

11. REASONS FOR STUDY
Briefly describe your reasons to enroll in the Masters in Business Management Degree.
I consider that the above information is two and connect. I washend that misusaness attains in
I certify that the above information is true and correct. I understand that misrepresentation in
the application will cause rejection of the application or revoking acceptance for admission at any stage.
any stage.
Signature of the Applicant Date
Send this application with relevant documents under registered mail to:
Senior Assistant Registrar  Faculty of Graduate Studies
Faculty of Graduate Studies University of Ruhuna
Matara
Please write on the top left hand corner of the envelop "Ruhuna MBM Programme".