UNIVERSITY OF COLOMBO, SRI LANKA FACULTY OF GRADUATE STUDIES APPLICATION FOR ADMISSION

(For Office Use Only)

App No: C-....

App Admission Fee-

Category - Local / Foreign

2022/2023					
PERSONAL DATA					
NAME IN FULL (Underline the Last Name)					
NAME WITH INITIALS					
CONTACT ADDRESS					
HOME ADDRESS (If home address is different from contact address)					
TELEPHONE :HOME:	OFFICE:	MOBILE:			
E-MAIL					
DATE OF BIRTH DATE / MONTH / YEAR NIC NO:					
RELIGION		CIVIL STATUS:			
Gender : MALE / FEMALE/OTHER Medium:					
EDUCATIONAL QUALIFIORCE Ordinary Level Examination		Canias).			
Subject	Grade	Subject	Grade		
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GCE Advance Level Examination (Submit Certified Copies): *					
Subject	Grade	Subject	Grade		

WORK EXPERIENCE

Please list the employment background, starting from your most recent position.

Date			
From	То	Name & Address of Employer	Position
D/M/Y	D/M/Y		
rief descri	iption of curr	ent responsibilities:	

Are you a currently registered student of any degree or any diploma programme conducted by the University of Colombo or any other Higher Educational Institute? Explain:

Name of the Programme: Faculty / Institute: Current status of the programme:

I certify that the above particulars given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations of the University of Colombo, Sri Lanka.

Date:	
	Signature of the Applicant

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Academic Qualifications	
Professional Qualifications	
Other experience	
Qualified for the Programme	
Recommendation of the selection Committee	

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