## 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 DA	<u>ATA</u>				
NAME IN FULL (Underline the Last N	(ame)				
NAME WITH INITIA	ALS				
CONTACT ADDRES	SS				
HOME ADDRESS (If home address is different contact address)	nt from				
TELEPHONE	:HOME:	OFFICE:	MOBILE:		
E-MAIL					
DATE OF BIRTH	DATE / MONTF	I / YEAR	NIC NO:		
			CIVIL STATUS:		
RELIGION					
Gender : M.	ALE / FEMALE/O	THER			
EDUCATIONA University Educat					
Degree	:	Class	University(If applicable)	Effective Date	
Professional Qual	lifications with fu	ll details: *			
Qulifica	ation	Duration	University/Institute	Effective Date	

<sup>\*</sup>Submit certified copies if the applicant is not a graduate

## **WORK EXPERIENCE**

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

Date			
From D/M/Y	To D/M/Y	Name & Address of Employer Position	
rief descr	iption of curr	rent responsibilities:	

Are you currently a currently registered student of any degree 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

## **FOR OFFICE USE ONLY**

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

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