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

		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:	OFF	TICE: MOBILE	:	
E-MAIL				
DATE OF BIRTH DATE /	NIC NO:			
		CIVIL STATUS:		
RELIGION				
Gender : MALE / FEMA	LE/OTHER			
EDUCATIONAL QUALIF	ICATIONS:			
University Education (Submi	<u>t Certified Copies):</u>		T	
Degree	Class	University(If applicable)	Effective Date	
<u>Professional Qualifications w</u>	ith full details: *			
Qulification	Duration	University/Institute	Effective Date	

^{*}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

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

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