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# GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY FACULTY OF MANAGEMENT, SOCIAL SCIENCE AND HUMANITIES

#### **APPLICATION FORM FOR BSc IN MANAGEMENT – 2023**

1. Personal Details				
Title: (Mr/Ms) or Rank:				
Full Name:	1 1 1	1 1 1		
Name with Initials	<del>                                     </del>		 <del> </del>	
	1 1 1	1 1 1		
Date of Birth  D D M M Y Y Y  U U U U U U U U U U U U U U U U	Y			
Gender M F				
Married Single				
National ID/Passport Number	er			
Permanent Address				
Telephone (Fixed)		٦		
		-		

Telephone (Mobile)				
E-mail				
2. Academic Qualifications				
Please include copies of the certif	icates			
GCE O/L				
School Attended:				
Year: Index No:		Year: Index No:		
Subject	Grade	Subject	Grade	
GCE A/L				
School Attended:				
Year: Index No:				
Subject	Grade	Subject	Grade	
1				

## **3. Professional Qualifications**

Please include copies of certificates/attestations (Continue on a separate sheet of paper, if necessary).

Awarding Body	Qualification	Areas of Studies	Average grades, if relevant	Award Date

## 4. Work Experience (where relevant)

(Please continue on a separate sheet of paper, if necessary)

Name of the Employer	Position and the Duration of Employment	Brief description of work and responsibility

## **5. Further Information**

Please provide any other relevant information to support your application, including your reasons for				
wishing to undertake undergraduate study at KDU.				

Preferred Location					
Weekends at KDU, Ratmalana				]	
Weekday Evenings (Four Days) at KDU					
Metropolitan Campus, Colombo 01					
- D 0					
7. References					
Please provide names and contact details of t	two non-r	elated	referees.		
Trease provide names and conduct deams of		<u>cratea</u>	TOTOTOOS.		
Telephone E-mail	Telepl E-mai				
E-man	E-mai	I			
Please indicate how you found out about the	undergra	duate	programı	ne for which you are ap	pplying.
KDU Website					
Social Media					
Newspaper					
TV Colleague/friend					
Other					
I confirm that the particulars given in this fo that, if admitted to the university, I shall university.			•	_	
Date:			Sign	ature of Applicant	
Recommendation of the Head of the Institute	e /Departr	nent			
Name of the Head of the Institute/Department	nts		Office	Stamp has to be placed	

6. Preference

Received by		
Received on		
Signature		
Call up Number	File Number	Regd Number
Accept / Reject		
Name of HOD / Course Coordinato	or	
Date		
Signature		
Special Notes		

For Office Use Only

#### DOCUMENT CHECK LIST

When submitting the application form, please mark the checklist (see below) appropriately, and make sure that all relevant documents have been included.

#### **Documents check list**

- ✓ passport size photograph (red background and without border (Size: 35mm x 45mm)
- ✓ Birth certificate
- ✓ NIC/Passport
- ✓ O/L certificate
- ✓ A/L certificate
- ✓ Service Certificate (including work experience)
- ✓ Two reference letters
- ✓ Payment or Bank Deposit slip of the Application Processing fee.