



**DEPARTMENT OF BUILDING ECONOMICS  
FACULTY OF ARCHITECTURE, UNIVERSITY OF MORATUWA  
APPLICATION FOR THE DEGREE OF M.Sc. / PG DIPLOMA IN  
OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT**

PERSONAL INFORMATION								
1. Title:  <input type="checkbox"/> Mr <input type="checkbox"/> Ms	2. Name in full (BLOCK LETTERS):    3. Name with Initials (BLOCK LETTERS):			4. Date of Birth:			7. Sex:	8. Marital Status:
				YYYY	MM	DD	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Married <input type="checkbox"/> Single
				5. Age:				
				6. National Identity Card No.:				
9. Home Address			10. Official Address			11. Contact Address		
						Tel:		
			Tel:			Mobile:		
Tel:			Email:			Email:		

PREVIOUS EDUCATIONAL QUALIFICATIONS (Please Attach Copies of Certificates and Academic Transcripts)								
12(a) Degree/ Diploma	12(b) University / Institute	12(c) Period		12(d) Date of Graduation (YY/MM/DD)	12(e) Mode (Full time/ Part time)	12(f) Area of Specialization/ Modules Followed	12(g) Medium	12(h) Class or Grade
		From YYYY	To YYYY					

PROFESSIONAL QUALIFICATIONS (Please Attach Copies of Certificates)				
13(a) Membership Type	13(b) Voting Yes/ No	13(c) Professional Institution	13(d) Membership Award Date	13(e) Field of Study/ Training

Details of relevant experience (Starting from the Present) (Please Attach Service Letters)					
14 (a) Organization	14(b) Period		14(c) Designation	14(d) Nature of Work	14(e) Gross Salary/ Earnings
	From	To			

**GRADUATE DEGREE / DIPLOMA FUNDING**

15. How will you finance your studies? (Please Describe)

**REASONS FOR THE STUDY (Attach Extra Sheets if Necessary)**

16. Enumerate briefly and precisely as possible, your reasons for enrolling to the M.Sc. / PG Diploma in OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT Degree Programme, your expectations and other information including your personal and career interests which you feel may be useful to the Admission Board in the evaluation of your application

17. Are you registered for any other postgraduate course?  Yes  No  
If "Yes" please give details:

**REFEREES**

18(a) Name:  
  
Designation:  
  
Address:  
  
  
  
Tel:

19(b) Name:  
  
Designation:  
  
Address:  
  
  
  
Tel:

**DECLARATION OF APPLICANT**

19. I declare that I have attached the following documents (Please tick the check box with 'X' and confirm)

- Copies of Degree Certificates
- Copies of Degree Academic Transcripts
- Copies of Professional Qualification Certificates
- Service Letters from Employers
- Two (02) Reports from Non-Related Referees under Sealed Cover
- Copy of Paying-in-Voucher for Application Processing Fee (Rs. 1000)
- Copies of Degree Certificates

20. I certify that the above information is true and correct to the best of my knowledge and I accept the decision of the admission board as final in the event my entry to the course is rejected. Copies of certificates are attached.

Date: ..... Signature of Applicant: .....

**NOT TO BE FILLED BY THE APPLICANT**

**RECOMMENDATION OF THE INTERVIEW PANEL**

The interview panel has found that the candidate is / is not eligible and possess / does not possess all the requirements for registration. The panel recommend / do not recommend the application.  
**Provide reasons, If panel do not recommend the candidate.**

Panel Chair: ..... Signature: ..... Date: .....

## REFEREE'S REPORT FORM – IN CONFIDENCE

### RECOMMENDATION FOR MSC/PG DIP IN OSH MANAGEMENT STUDY PROGRAMME

#### DEPARTMENT OF BUILDING ECONOMICS

#### UNIVERSITY OF MORATUWA

**Note to candidates:** Please enter your name below, before forwarding this form to each of your referees for completion.

1. Full Name of Applicant (Underline surname):

2. How long have you known the applicant and in what capacity?

3. What do you consider his/her major talents or strengths?

4. What do you consider his/her major liabilities or weaknesses?

5. Please indicate how the applicant relates to the group in which you know him/her.

Quality/Skills	Outstanding	Very good	Good	Average	Poor
(a) Intellectual ability					
(b) Originality of work					
(c) Managerial ability					
(d) Technology interest					
(e) Oral Expression					
(f) Written Expression					

6. Any other comments :

**Referees Detail**

Name of the Referee: .....

Designation: .....

Company: .....

Address: .....

.....

**Contact Details:**

Tel: (M).....(O).....

email: .....

Signature:

Date:

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**PLEASE RETURN THIS REPORT TO:**

Programme Coordinator-MSc/PG Dip. in Occupational Safety and Health Management  
Department of Building Economics  
University of Moratuwa  
Moratuwa 10400.