Guidelines for the Submission of Application

- Duly filled applications should be submitted with a receipt having paid, Rs. 1000/- (as application processing fee) to University Shroff (weekdays from 9.00am 12.30pm and 1.30pm 3.00pm) or with pay-in voucher worth of Rs. 1000/-obtainable at any Bank of Ceylon branch to the credit of University of Moratuwa A/C No. 70993353
- Make arrangements to submit duly filled recommendations from two independent referees as instructed in the form (see pages 5-8 of the application form)
- check whether you have attached the following:
 - 1. Copies of certificates of academic qualifications
 - Copies of certificates of membership/associate membership/graduateship of professional institutions
 - 3. Letter of consent from employer regarding leave/permission (see page 4 of the application form)
 - 4. Letter of sponsorship (if applicable)
 - 5. Pay-in voucher/receipt
- Please hand-over the duly filled application form to the MBA Office of the Department of Management Technology, University of Moratuwa or send through Registered Post to:

MBA Administrative Officer Department of Management of Technology University of Moratuwa Moratuwa 10400

- Closing date of the applications in 19th July 2019
- Please contact MBA Administrative Officer on +112640433 or email to <u>mbainmot@gmail.com</u> for further information

Important Dates

Application Closing Date : 19th July 2019

• Commencement of Lectures : January 2020

UNIVERSITY OF MORATUWA

DEPARTMENT OF MANAGEMENT OF TECHNOLOGY														
	Application Form	n for M	Iaster o	of B	usines	s Ad	lminis	tratio	n in 1	Entrep	rene	urship	- 2020	
1. PERSONA	L PARTICULAR	S												
☐ Mr.	Name in Full: (Wr	ite in BI	te in BLOCK letters and underline surname/family name)						Marital Status Married Single					
Nationality	National Identity Card No. Da							ate of Birth			Age			
☐ Sri Lankan ☐ Other (Specify)								Year			Month Day			
Tel: E-mail: 2. ACADEMIC	Office Address Tel/ Fax: E-mail:						Tel/ Fax: Mobile: E-mail:							
A. Post – second														
From Month / Year	To Month / Year	S	School A	Atte	nded			Certificate / Diploma						Year
B. Tertiary Educ	ation (Undergradu	ate and	Postgra	adua	ute). P	lease	attach	conies	of re	levant c	ertific	cates.		
From	To										Clas			Duration
Month / Year	Institution / University Attended, Country				Degree/ Main Subjects				Ran		Year	(3 year or 4 year)		

- 1 -

O TOFFI (C)	LATE									
C. TOEFL/GM	mother tongue?	Yes / No								
If No:	mother tongue?	165/110								
	What is the highest examination you have passed in English?									
b) Your la	Your language of instruction at the University / Professional body:									
c) TOFEI	L / IELTS Score (If	available):								
d) GMAT	7 / GRE Score (If av	vailable):								
D. Membership of Professional Bodies :										
From	То	Professional body			Post Held / membership Status					
E. List in chror	E. List in chronological order any University scholarships, prizes or other awards received.									
3. WORK EX	PERIENCE									
Total Years of	experience after gra	aduation								
		ofessional qualification	ns (eg. Afte	r MIE (Sri Lank	(xa)					
A. Previous Oc	cupations (Please li	ist jobs held last 5 years)								
From	To	Nama & Address a	f firm /							
Month /	Month / Year	Name & Address of firm / Organization Title /			Position	Nature of Work				
Year		- B	O'Igumzuuon							
B. Present Occ	upation									
Date of		. / 0	п	7:41 - / D:4:		D-4:				
Joining	Name of Firn	Title / Position			Duties					

4. OTHER INFORMATION						
A. Other relevant information (Such as courses attended, research undertaken, publications etc.)						
B. Do you have any physical or other disabilities which might	necessitate special arrangements?					
C. Source of finance for the study? Privately / Sponsored If sponsored places specify the sponsor:						
If sponsored, please specify the sponsor:						
D. Please describe briefly your reasons for wishing to study the	nis course and how you see it fitting into your future career.					
	es / No					
If 'Yes' give details:						
F. Names & Addresses of Referees						
First Referee	Second Referee					
Name	Name					
Designation	Designation					
Designation	Designation					
Address	Address					
Telephone	Telephone					
receptione	receptione					
email	email					
5 DECLADATION						
5. DECLARATION Laffirm that all statements made by me on this from are con-	rect I understand that any inaccurate or false information (or					
I affirm that all statements made by me on this from are cor-	rect. I understand that any inaccurate or false information (or invalid and that, if admitted and awarded a place on the basis					
I affirm that all statements made by me on this from are cor- omission of material information) will render this application	invalid and that, if admitted and awarded a place on the basis					
I affirm that all statements made by me on this from are cor-	invalid and that, if admitted and awarded a place on the basis					
I affirm that all statements made by me on this from are cor- omission of material information) will render this application of such information, my candidature can be terminated and I co	invalid and that, if admitted and awarded a place on the basis					

Please send your application to:

MBA Administrative Officer Department of Management of Technology University of Moratuwa Moratuwa 10400.

Closing date for applications is 19th July 2019

Check whether you have attached the following:

- 1. Copies of certificates of academic qualifications.
- 2. Copies of certificates of membership/associate membership/graduateship of professional institutions.
- 3. Letter of consent from employer regarding leave / permission.
- 4. Letter of Sponsorship (if applicable).
- 5. Pay-in voucher/receipt.

LETTER OF CONSENT FROM THE EMPLOYER GRANTING PERMISSION FOR STUDY

MBA Administrative Officer Department of Management of Technology University of Moratuwa Moratuwa 10400

RE: Mr./ Mrs./ Ms./ Miss: Applicant for MBA in Entrepreneurship Programme in University of Moratuwa	
I understand that Mr./Mrs./Ms./Miss:	
If he/she is selected:	
 I grant/do not grant permission for him/her to pursue studies during weekends and full-time bas during the period of study. 	is,
ii. I grant / do not grant official leave for him/her for attending classes.	
iii. Our organization will/will not sponsor his/her course fees.	
I recommend /do not recommend Mr./Mrs./Ms./Miss. for the abo course.	ve
Yours sincerely	
Signature :	
Name :	
Designation :	
Organisation :	
Date :	