



POSTGRADUATE INSTITUTE OF SCIENCE (PGIS)
UNIVERSITY OF PERADENIYA

***Application for Admission to the M.Sc. Programme in
Science Education***

For Office Use Only

Please select (✓) one of the following areas of specialization.

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Biology Education

☐

Chemistry Education

☐

Mathematics Education

☐

Physics

FULL NAME: (Mr./Miss/Mrs./) (Please write the surname in capitals)			
MAILING ADDRESS:		Phone: Fax: E-mail:	
HOME ADDRESS:		Phone:	
DATE AND PLACE OF BIRTH: CIVIL STATUS:..... SEX (M/F):		CITIZENSHIP: NATIONAL ID NO.:	
CURRENT EMPLOYMENT (If applicable): DESIGNATION & ADDRESS: NATURE OF DUTIES PERFORMED: YEARS OF SERVICE: NAME & DESIGNATION OF EMPLOYER:			
EDUCATIONAL QUALIFICATIONS (including postgraduate qualification/experience): Please attach photocopies of certificate/s.			
University/Institute	Degree/Diploma etc.	Year	Class/grade

RESEARCH PUBLICATIONS <i>(If any):</i> <i>(If necessary attach a separate sheet)</i>			
TEACHING AND OTHER PROFESSIONAL EXPERIENCE SINCE GRADUATION:			
Period		School/Institute	Subjects Taught
From	To		
MODE OF PAYMENT OF PROGRAMME FEE: <i>From personal funds / By employer / Other (Specify)</i>			
NAMES AND ADDRESSES OF TWO ACADEMIC REFEREES : <i>(Preferably a School Principal/Director of Education/University Teacher)</i> <i>Please arrange for reports to be sent before the deadline for receipt of completed applications, to: Director, Postgraduate Institute of Science, P O Box 25, University of Peradeniya (Relevant forms are annexed).</i>			
1.		2.	
<p>I declare that the particulars given above are correct to the best of my knowledge and that I am currently NOT following any other postgraduate programmes in the University of Peradeniya or any other University/Institute.</p> <p>Date: _____ Signature of Applicant:</p> <p><i>Note: Students enrolled for a postgraduate programme at the PGIS should not register and follow any other postgraduate programme at the PGIS/University of Peradeniya or any other university/institute in Sri Lanka or overseas, until he/she complete the degree or cancel registration.</i></p>			
AVAILABILITY OF STUDY LEAVE (applicable to those who are employed): <i>State whether you are entitled to study leave for the period specified.</i>			
RECOMMENDATION OF THE HEAD OF THE INSTITUTION: Mr./Ms. is a teacher/educator presently attached to my school/institute. He/she has been teaching (subject) for the last years. If Mr./Miss/Mrs. is selected for the above programme he/she would be/ not be released on full/part-time basis. <div style="text-align: right; margin-right: 100px;"> Signature of Head of the Institution/the School Principal </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Name: Date:..... </div> <div> Designation..... Official Stamp: </div> </div>			



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