



SLIDA

School of Postgraduate Studies (SPS)



Master of Public Management (MPM) 2017-2019 Admission Application

Registration Number	<input style="width: 95%;" type="text"/>	FOR OFFICE USE ONLY
Programme	Master of Public Management (MPM)	
(Please mark ✓ in cage)	Weekdays – Thursdays <input type="checkbox"/> Weekends – Saturdays <input type="checkbox"/>	
Full Name (in capitals)		

** Please underline the names you prefer to appear on documents.*

Name with Initials – Rev./Dr./Mr./Ms.

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Date of Birth	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Age as on October 2017	<input style="width: 40px; height: 20px;" type="text"/>
	<i>dd mm yy</i>		<i>Years</i>

National Identity Card No.																	
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Contact details

	Residence	Office*	
Address			
E-mail			
Fax			
Telephone	Residence	Office	Mobile

** Please indicate whether from the public/ private/ NGO sector*
Academic Qualifications (Masters/Degree/etc.)*

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Masters/Degree	Institute	Year	Specialization	Grade

Professional Qualifications (Diploma, etc.)*

Diploma/Professional Membership	Institute	Year	Specialization	Grade

** Please attach copies of certificates.*

Details of present employment and the positions held during the last 10 years.

Name and Address of Organization	Designation	Service (Ex: SLAS/SLAcS)	Employment Period	
			From	To

Current Employment

Government ☐ Semi-Government ☐ Private ☐

No. of years in managerial grades

How did you come to know about the MPM Program?

<input type="checkbox"/> Friends	<input type="checkbox"/> Letter from SLIDA	<input type="checkbox"/> SLIDA Web page	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Employer	<input type="checkbox"/> SLIDA Brochure/Poster	<input type="checkbox"/> Others (<i>please specify</i>)	

What is your objective of attending this program?

<input type="checkbox"/> For professional development	<input type="checkbox"/> Update current management trends
<input type="checkbox"/> Better career prospects	<input type="checkbox"/> Enhance job performance
<input type="checkbox"/> Others (<i>please specify</i>)	

I agree to :

- comply with the rules, regulations, academic arrangements of SLIDA.
- notify the SPS in case of any change in the information given in this application.

I understand that :

- the documents submitted with this application become the property of SLIDA.
- SLIDA may change or revoke any decision if the information supplied by me is found to be incorrect.

I declare that the information given by me in this application is true and accurate.

Signature

Date

Comments from employer, (if employer sponsored only).

☐ Strongly recommend

☐ Recommended with conditions

☐ Recommend

☐ Do not recommend

.....
Employer's Signature

Date :

Name:

Designation:

Office Address:

Please send your completed application form under registered cover to reach the Registrar on or before
31 October 2017.

Academic Coordinator/Registrar

School of Postgraduate Studies (SPS)

Sri Lanka Institute of Development Administration (SLIDA)

28/10, Malalasekara Mawatha

Colombo 07.