



Application Form
Master of Science Degree Programs in 2018
Department of Nuclear Science, Faculty of Science, University of Colombo

1. Name of the Master of Science:

MSc in Medical Physics ☐

MSc in Nuclear Science ☐

2. Name in Full : (Mr/Mrs/Miss)

3. Address for communication:

4. Telephone: (Land & Mobile).....

5. E-Mail:.....

6. Fax:.....

7. Date of Birth and Age:.....

8. Educational Qualifications:

	Subject(s)	University
(a) Special Degree
(b) General Degree
(c) Class obtained
(d) Other Qualifications
(e) English Proficiency:
(f) Experience in field applied:

9. Present Position /Occupation:

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10. Previous Position held with period:

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11. Names and addresses of two referees from whom reference could be made with regard to the suitability of the candidate.

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12. Have you been registered for a postgraduate degree/diploma or any other examination in the University of Colombo or any other university? If so give details (year, program, date of registration etc):

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13. Explain in a few sentences why you wish to follow this course?

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I certify that the above information's given by me are true and accurate to the best of my knowledge and I am prepared to abide by the rules and regulations governing the registration and awarding of Higher Degrees of the University of Colombo, Sri Lanka.

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Date

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Signature

Duly completed application form together with the deposit slip of non-refundable application fee (Rs 2000/- for Medical Physics and Rs 1000/- for Nuclear Science) should be submitted on or before 18th March 2018, to the Assistant Registrar, Academic & Publications, University of Colombo, 94, Cumaratunga Munidasa Mawatha, Colombo 3. This fee can be paid at any branch of the People's Bank to the credit of the following account numbers of University of Colombo

(MSc Nuclear Science A/C 314061600005, MSc Medical Physics A/C 314061500006)

For more information please Call 0112502525